



**GROSSE POINTE MEMORIAL CHURCH  
CHRISTIAN EDUCATION REGISTRATION FORM**

2020-2021

Today's Date \_\_\_\_\_

Family Faith Playlists  
On-line Faith Formation

Children's Events

Family Events

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Phone:  Dad's Cell  Mom's Cell  other

E-mail Address (correspondence will be sent here) \_\_\_\_\_

Phone:  Dad's Cell  Mom's Cell  other

Name	Grade	Birthday	Please indicate all family members who will be participating in Family Faith Playlists, including parents.

**Allergies or medical conditions must be indicated on the Power of Attorney form.**



THE PRESBYTERIAN CHURCH (U.S.A.)  
*A Light by the Lakeshore*

GROSSE POINTE MEMORIAL CHURCH  
**Photo Release Form**

I hereby grant permission to Grosse Pointe Memorial Church to use my and/or my minor child's photograph on its World Wide Website or in other official Memorial printed publications for the purpose of promoting Memorial ministry without further consideration, and I acknowledge Memorial's right to crop or treat the photograph at its discretion. I also acknowledge that Memorial may choose not to use my photo at this time, but may do so at its own discretion at a later date.

To maintain privacy, all photographs of minors will have first names published only. I also understand that once my image is posted on the Grosse Pointe Memorial Church website, the image can be downloaded by any computer user on or off church property and I agree not to hold the church responsible in such event.

I DO GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

I DO NOT GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

Name: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Grosse Pointe Memorial Church**  
16 Lakeshore Drive  
Grosse Pointe Farms, MI 48236  
(313) 882-5330

**LIMITED POWER OF ATTORNEY**  
For Emergency Medical Treatment, Travel and Consent  
**September 15, 2020 through March 15, 2021**

Name of Dependent \_\_\_\_\_ Birth date \_\_\_\_\_

Allergies/Illnesses \_\_\_\_\_

Medications being taken \_\_\_\_\_

I hereby grant to the following individuals:

Lisa Turner, Rev. Sarah Godbehere, or any of the designated Advisors of the Grosse Pointe Memorial Church PC (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective September 15, 2020 through March 15, 2021. I agree to accept responsibility for all expenses incurred for medical treatment or the above-named child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Relationship to child                      Date

Street Address \_\_\_\_\_ City, State ,Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Numbers \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_



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16 Lakeshore Drive  
Grosse Pointe Farms, MI 48236  
(313) 882-5330

**LIMITED POWER OF ATTORNEY**  
For Emergency Medical Treatment, Travel and Consent  
**March 16, 2021 through September 15, 2021**

Name of Dependent \_\_\_\_\_ Birth date \_\_\_\_\_

Allergies/Illnesses \_\_\_\_\_

Medications being taken \_\_\_\_\_

I hereby grant to the following individuals:

Lisa Turner, Rev. Sarah Godbehere, or any of the designated Advisors of the Grosse Pointe Memorial Church PC (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

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\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Relationship to child                      Date

\_\_\_\_\_  
Street Address                      City, State, Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Numbers \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_