



**GROSSE POINTE MEMORIAL CHURCH
CHRISTIAN EDUCATION REGISTRATION FORM
2021-2022**

Today's Date _____

Infant/Toddler Care

Young Children & Worship (YCW)
(3 yrs. – grade 2) Sunday at 9:00 a.m.

Sunday School
(3 yrs. – 103 yrs.)

LOGOS
Kindergarten – 4th Grade

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 check all appropriate boxes			
			Infant /Toddler Care	YCW	Sunday School	LOGOS

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

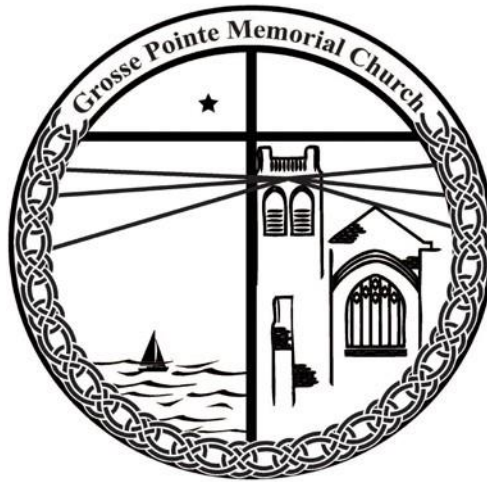
There are many opportunities to help with Christian Education.

If you are interested in one that is listed below, please indicate where you would like to help serve.

____ Sunday School
(Sunday, 10:00 a.m. – 11:00 a.m.)

____ Infant & Toddler Care
(One service/One Sunday a month)

____ Young Children & Worship
(Sunday, 9:00 a.m. – 10:00 a.m.)
(One Sunday a month)



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.

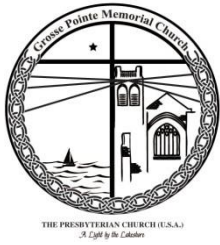
I DO GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

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, 2021 through March 15, 2022

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, 2021 through March 15, 2022. 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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