

# SUNDAY SCHOOL REGISTRATION FORM 2019 - 2020

## PARENT/LEGAL GUARDIAN INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name(s): \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## STUDENT INFORMATION - INCLUDING NURSERY AGE CHILDREN

Last name	First Name	Date of Birth	Grade as of 9-1-2019
_____	_____	_ / _ / _	_____
_____	_____	_ / _ / _	_____
_____	_____	_ / _ / _	_____
_____	_____	_ / _ / _	_____

## STUDENT MEDICAL INFORMATION

*Please specify details for each child (as necessary)*

### \*\*Allergies/Medical information:

### Description

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

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

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

*\*\* Please advise of any major illnesses within the past year, any special needs (including but not limited to dietary needs), and whether the student's activities should be restricted for any reason.*

### Medication currently being taken (include dosage and schedule for Over-the-Counter and Prescription medication):

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

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

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

# SUNDAY SCHOOL REGISTRATION FORM (pg. 2)

**Health Insurance Co:** \_\_\_\_\_

**Policy Holder name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

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

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

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

## PARENT/LEGAL GUARDIAN AUTHORIZATIONS

I give permission for the above named child(ren) to participate in St. Mary's-by-the Sea Episcopal Church, Point Pleasant Beach, NJ, Sunday School program. I understand that I am required to remain at St. Mary's while my child(ren) attend Sunday School. I give permission for my child(ren) to join the youth of St. Mary's in any of the activities or trips sponsored by the church, its staff and sponsors. I expect the youth leaders to do their best in maintaining a safe environment for all the children. I expect that I will be notified as soon as possible in the event that my child becomes ill or is injured. In the event of an emergency, if I cannot be reached, I hereby authorize an adult leader of this activity as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I hereby indemnify, agree to hold harmless, and waive any claim against St. Mary's-by-the Sea Episcopal Church, its members, representatives, officers, agents, or employees, for any and all bodily injury or loss to property resulting from any activities in which my child(ren) participates.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Occasionally we photograph children at St. Mary's and use the photos, without identifying children by name, in St. Mary's publications or on our website. Please indicate below:

\_\_\_\_\_ YES You may use photographs of my child(ren) in publications or on the website.

\_\_\_\_\_ NO Please do not use photographs of my child(ren).

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_