

SUNDAY SCHOOL REGISTRATION FORM 2023 - 2024

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 9-1-2023
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

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: _____

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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: ____/____/____