



St. Matthew's Episcopal Church

Today's Date _____

Children's Programs Registration

Nursery (6 mo to 4 yrs) ■ Sunday School (Pre-K to 5th gr) ■ Cherub Choir (3 yrs to 1st gr) ■
Junior Choir (2nd gr to 6th gr) ■ Junior Worship (5 yrs to 2nd gr)

CHILD PARTICIPANT INFORMATION: NAME _____
BIRTH DATE _____ AGE _____ SEX _____ SCHOOL _____ GRADE _____
ADDRESS _____ HOME PHONE(_____) _____
CITY _____ STATE _____ ZIP _____

PRIMARY CONTACT (Parents/Guardians): NAME(S) _____
PHONE #1 (_____) _____ PHONE #2 (_____) _____
EMAIL _____

EMERGENCY CONTACT *IF NEITHER PARENT/GUARDIAN CAN BE REACHED IN THE EVENT OF AN EMERGENCY,*
CONTACT: NAME _____ RELATIONSHIP _____ PHONE(_____) _____

PROGRAMS YOU ARE REGISTERING FOR (Check all that apply):

- ☐ Nursery (6 mo to 4 yrs) ☐ Sunday School (Pre-K to 5th gr) ☐ Junior Worship (5 yrs to 2nd gr)
☐ Cherub Choir (3 yrs to 1st gr) ☐ Junior Choir (2nd gr to 6th gr)

ALLERGIES & HEALTH NEEDS

Does your child have any allergies in case snacks are offered? Please describe allergies, reaction and treatment.

Does your child have any other medical conditions or needs that we should be aware of? Please describe what we need to know as caregivers.

Supervision Policy: Every activity sponsored by St. Matthew's Episcopal Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur.

Privacy Policy: St. Matthew's values your privacy and will ONLY post contact information online for the vestry members/liaisons and church staff.

Media Policy: St. Matthew's may take pictures of participants of programs to post on St. Matthew's channels. **Photographs of parishioners under the age of 18 will not be posted without a release form (see below), and minors will never be individually identified.** After publication, the subject of a photograph can request its removal from the website on any grounds by contacting the church office. All photographs posted on the website will remain the intellectual property of the photographer and will require copyright information if the terms of use are different from the terms posted for other content on the web.

RELEASE

By signing this form, I attest that I have read and understand the Supervision, Privacy & Media Policies. I hereby give my permission for my child to participate in the Children's Sunday School Program, and for photos of their participation to be used for any and all church promotions and publicity. I agree to assume and accept all risks and hazards inherent in this church-related activity. I also agree not to hold St. Matthew's Episcopal Church or its employees or volunteer assistants liable for damages, losses, or injuries to my child's person or property. In the event that I cannot be reached in an emergency during the dates specified on this form, I (Parent or Guardian) hereby give my permission to the physician or dentist selected by St. Matthew's Episcopal Church leadership to diagnose, hospitalize, to secure proper treatment, and/or to order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.), as well as medication prescribed for my son/daughter by a doctor, and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising church personnel.

Parent/Guardian Signature _____

Date _____

Updated July 2018