



# ST. JOHN'S EPISCOPAL CHURCH

191 County Road  
Barrington, RI 02806  
TEL (401) 245-4065 • FAX (401) 245-0518

Use this form for:  
Pre-K – 5<sup>th</sup> Grade

## CHURCH SCHOOL 2009-2010 REGISTRATION & CONSENT FORM

Family Name (Last Name): \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Male / Female: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade / Class: \_\_\_\_\_

Parent(s) / Guardians' Name(s): \_\_\_\_\_

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

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

Cell(s): \_\_\_\_\_

Email Address of parent(s): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Allergies / Considerations: \_\_\_\_\_

\_\_\_\_\_

- *I/we hereby give permission for the above named child to attend and participate in the Church School activities of St. John's Episcopal Church (191 County Road, Barrington, RI).*
- *I/we realize that in the event of injury or suspected physical harm, all reasonable attempts will be made to contact us on the grounds of St. John's, as it is expected that I/we are to remain on the grounds of St. John's for the duration of said nursery / church school program, but in the best interest of the above named child, I/we hereby authorize and direct any of the clergy of St. John's Episcopal Church to authorize and obtain such medical care as such person shall deem reasonably necessary or appropriate for said child including any emergency treatment, hospital care, X-ray, examination, anesthetic, surgical or dental diagnosis and treatment. I/we, the said parent(s) / guardian(s) of said minor will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named minor(s) pursuant to this authorization. Any physician, nurse, dentist, hospital, EMT, emergency service is entitled to rely on this authorization as the basis for rendering medical care to said minor.*

Parent(s) or Legal Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Please Indicate a date when you will be able to help out in your child's classroom:** \_\_\_\_\_

**Please check here if you would be interested in helping out with Church School on a regular basis:**

*Thank You!*