



ST. JOHN'S EPISCOPAL CHURCH

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

Use this form for:
Children aged
3 months-3 years.

NURSERY 2009-2010

REGISTRATION & CONSENT FORM

Family Name (Last Name): _____

Child's Full Name: _____

Male / Female: ___ Birth date: _____

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: _____

Thank You!