



# ST. JOHN'S EPISCOPAL CHURCH

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

**Use this form for:  
Nursery – J2A**

## CHURCH SCHOOL 2010-2011 REGISTRATION & CONSENT FORM

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

Child's First and Last Name (and nick name): \_\_\_\_\_

Male / Female: \_\_\_\_ Birth date: \_\_\_\_\_ Grade / Class (in September 2010): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Any custodial situations we should be aware of? \_\_\_\_\_

- *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: \_\_\_\_\_

**WAIVER FOR CHILD BY PARENT** - As the parent or legal guardian of the above-named child, I grant and give St. John's Church the right to use photographs or images in which my child appears in activities held here at the church. These would be used on our website and not have any names in the captions as per the national church policy for those under the age of 16. (These activities would include but not be limited to the Pumpkin Junction, Christmas pageant, Youth Sundays, All parish clean-up, dinners etc.)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_ I will allow pictures of my child to be on the St. John's website. \_\_\_ I do NOT wish my child to be in any pictures on our website