



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 2011-2012

REGISTRATION & CONSENT FORM

Please Print Clearly

Family Name (Last Name): _____

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

Male / Female: ____ Birth date: _____ Grade / Class (in September 2011): _____

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 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, etc.)

___ 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

Signature _____

Signature _____