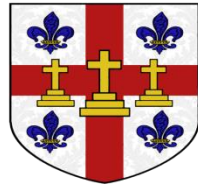


Child's Name: _____

Child's DOB: _____



Calvary

EPISCOPAL CHURCH

Sunday School/Nursery Registration Form 2019-2020

(Please Print)

Child/Youth Information

Child/Youth:

Last Name: _____ First Name: _____

Gender: Male / Female Birthdate (mm/dd/yyyy): ____/____/____

Age: _____ Fall 2019 Academic Grade: _____

School: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

Sign In/Sign Out Authorization

A parent/guardian, or an authorized adult 18 or older must sign your child/ren in and out of Nursery.

Will anyone other than a parent/guardian be signing in/signing out the child?

Please Circle: YES NO

If YES, who has permission to pick up/drop off your child?

Adult Name: _____

Relationship to child: _____ Phone #: _____

Adult Name: _____

Relationship to child: _____ Phone #: _____

Parent/Guardian Living at Same Address

Mother:

Last Name: _____ First Name: _____

Home Phone #: _____ Cell #: _____

Email address: _____@_____

Father:

Last Name: _____ First Name: _____

Home Phone #: _____ Cell #: _____

Email address: _____@_____

Guardian:

Last Name: _____ First Name: _____

Home Phone #: _____ Cell #: _____

Email address: _____@_____

Child's Name: _____

Child's DOB: _____

Parent/Guardian Living at Another Address:

Last Name: _____ First Name: _____

Relationship to Child: _____

Address: _____

Home Phone #: _____ Cell #: _____

Email address: _____ @ _____

Does this Parent/Guardian have joint physical custody?

Please circle: YES NO

Is there a court order restricting this parent's/guardian's access to the child?

Please circle: YES NO

Is this Parent/Guardian restricted from picking up the child from church functions?

Please circle: YES NO

*If any restrictions apply, a copy of the court order **MUST** be provided.*

Emergency Contact:

Emergency Contact #1:

Last Name: _____ First Name: _____

Relationship to Child: _____

Address: _____

Home Phone #: _____ Cell #: _____

Emergency Contact #2:

Last Name: _____ First Name: _____

Relationship to Child: _____

Address: _____

Home Phone #: _____ Cell #: _____

I, _____ (parent/guardian), hereby authorize Calvary Episcopal Church to contact/release _____ (child's name) to _____ (emergency contact #1) and/or _____ (emergency contact #2) in case of accident/emergency.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

Child's DOB: _____

Medical Information:

Does the child have any food allergies or other dietary restrictions? YES NO

If Yes please specify: _____

Please list and identify any other information and/or medical conditions that should be known to church personnel:

In case of emergency , what hospital should your child be taken to?

Primary Insurance Provider (private provider, KCHIP, Passport): _____

I, _____ (parent/guardian), hereby authorize Calvary Episcopal Church to seek medical treatment for _____ (child's name) in case of accident/emergency.

Parent/Guardian Signature: _____ Date: _____

Please return this form to the parish office ASAP:

Calvary Episcopal Church

821 S. 4th St.

Louisville, KY 40201