



TRINITY EPISCOPAL CHURCH
251 Danielson Pike, North Scituate, RI 02857

**YOUTH CHRISTIAN FORMATION CHILD INFORMATION
2017-2018**

First Child's Name

_____/_____/_____
Date of Birth

Grade September 2017

2nd Child's Name

_____/_____/_____
Date of Birth

Grade September 2017

3rd Child's Name

_____/_____/_____
Date of Birth

Grade September 2017

4th Child's Name

_____/_____/_____
Date of Birth

Grade September 2017

ADDRESS:

Street

City, State, Zip

Mother/Guardian Name

Father/Guardian Name

Home Phone

Home Phone

Cell Phone

Cell Phone

e-mail address

e-mail address

Do both parents have legal custody of the child?

Yes

No

In case of emergency while my child is attending Sunday School/Youth Christian Formation events, please contact (name of person other than parent/guardian):

- | | Name: | Phone Number: | Relationship to child: |
|----|--------------|----------------------|-------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Please list the names of anyone else who is permitted to pick your child up from Sunday School events:

- | | Name: | Relationship to child: | |
|----|--------------|-------------------------------|--|
| 1. | | | _____ No one else but
parent/guardian |
| 2. | | | |
| 3. | | | |

Please share any other information about your child of which the Sunday School Staff should be aware of so that his/her needs may be considered in program planning:

What are you hoping your child will gain by participating in Trinity's Sunday School and other events/opportunities?

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MEDICAL INFORMATION & PARENT AUTHORIZATION
2017-2018

Are any of your children not up to date with all immunizations? YES NO If yes, which children _____

Do any of your children suffer from asthma, fainting or dizziness? YES NO If yes, which children and what precautions will be made to keep your child(ren) safe? _____

Do any of your children have any **ALLERGIES to . . .**

FOODS?	YES	NO
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If yes, please state which child and explain/specify:

_____ **INSECTS/STINGS?** **YES** **NO**

If yes, please state which child and explain/specify:

MEDICATIONS	YES	NO
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If yes, please state which child and explain/specify:

Do any of your children carry/require treatment with an EpiPen? **YES** **NO**
(In the event of a reaction to any allergens noted above) Which child _____

Have any of your children experienced any illness, injury, operation, or condition which might interfere with his/her full participation, including in physical activity? **YES** **NO**

If yes, please explain/specify:

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_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth

Acknowledgment of Sunday School Procedures

I acknowledge that I have received written information regarding procedures for children's Sunday School and agree to abide by these procedures including:

- I will accompany my child to his/her classroom in Graham Hall no earlier than following the conclusion of the 9:30 a.m. worship service and sign my child in on the classroom sign-in sheet.
- I will remain on the premises at Trinity Church during Sunday School or inform my child's teacher(s) of my departure and destination, and I will be available by phone *and* able to return to Trinity *within 5 or 10 minutes* should an emergency arise.
- I will pick up (or arrange for pick-up of) my child from Sunday School at 11:45 a.m. I will only ask people listed by me on my child's registration form to pick up my child from Sunday School, and I will make those persons aware that they should be prepared to furnish Sunday School staff with photo ID upon request. I (or my designee) will sign my child out on the SIGN-IN/SIGN-OUT sheet on the classroom bulletin board and I (or my designee) will make contact with my child's teacher each week at pick-up time.

_____	____/____/____
Parent/Guardian Signature	Date

Print name

PHOTO RELEASE

I give permission for my children listed above to be photographed while participating in events at Trinity Episcopal Church. I give permission for those photographs to be used by Trinity Episcopal Church for purposes of display, distribution, and/or promotion. Any restrictions with regard to photographing the above-named child and/or use of those photographs are noted below:

My children may be photographed and those photos used in accordance with the restrictions (if any) listed above.

_____	____/____/____
Parent/Guardian Signature	Date