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**Youth & Children's Ministries
2019 Summer Sunday School**

 **Registration Form**

Please complete one form for each student. Thank You!

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Emergency Contact Information** If I cannot be reached, please contact: |  **Allergies, Special Needs, Other Comments** Please list any drug or food allergies or special needs of this student: |
|  **Medical Insurance Information:** Physician's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Authorization for Treatment and Photo Release:** The student named above has my permission to participate in St. Paul's Episcopal Church's Youth & Children's programs, events, field trips, and outings including play on inflatables, water slides, and other equipment.  I waive any claim against the church and its approved leaders, teachers, staff, and volunteers.  In case of medical emergency, I/we, the parent(s) or legal guardian(s) of the student, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of any licensed hospital or medical facility at my/our expense.  This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to call paramedics, transport, and render care which is deemed advisable in the best judgment of the medical personnel. I consent to allow pictures of this child to be used on bulletin boards and in publications (such as handbooks, brochures, fliers, Chapel booklets, newsletters, web pages, Facebook, etc.) unless otherwise noted in the comments section of this form. I have reviewed the Youth & Children’s Ministries current policies.   |
| **Signature, Date, Relationship:**  |
| **Signature, Date, Relationship:** |

***St. Paul’s Episcopal Church***

***Youth & Children’s Ministries Policies***

*(Please read and review the following important guidelines and policies. Thank you.)*

**Regarding Children (through 5th Grade):**

For the safety of our children we ask all parents to be sure to come sign each child in every week.

Please be sure your children are never unsupervised while at church. This is an open campus. We love our children and want them to be safe.

Parents are asked to stay on the premises while their children are here on Sunday. Because this may not always be possible, we ask every parent to complete the medical release on the registration form. Thank you!

Parents are always welcome to stay with their children and participate in our programs.

There is no charge for any of our programs in Youth & Children’s Ministries. The money needed to run these programs comes from the pledges made each year to St. Paul’s by its members. We very much appreciate your generous pledge.

This is a volunteer supported ministry. Please get involved and volunteer whenever you can. Together we make these programs great.

Parents of children who are having difficulty separating or are having any behavior problems may be asked to stay and help in their child’s class.

**Regarding Youth (6th – 12th Grade):**

Youth Group members (grades 6-12) are able to sign themselves into class and will be released without a parent checking them out. We are concerned for the safety of our youth and ask all parents to discuss safety with them. We have an open campus and many people walk through it. We ask youth to be cautious and never to be alone. We love our young people and always want them to be safe.

It is very important that young people bond with adults other than their parents and feel free to have open discussions. Parents of teens who would like to volunteer are sometimes called upon as a chaperone or drive for youth events. They are also encouraged to volunteer with our younger children in Sunday School. Thank you so much for your support!

**In Case of Fire or Other Emergency**

If it is necessary to evacuate the classrooms, parents can meet their children at the lunch pavilion in the parking lot.

***Parent Participation –*** *please volunteer to help in whatever ways you can. Thanks!* I am available to help: every week once a month on occasion
 I would be willing to serve as an assistant in a Sunday School classroom

 I prefer working with younger children I prefer working with older children or youth
 I would be happy to bring snack occasionally

 I would be happy to read a Bible story and assist in Children’s Chapel once a month

 I would be happy to serve as driver or chaperone for occasional youth events

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Thank you so much!***