Registration Form (CYF) Children's Program)

*PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER AT CHURCH SCHOOL
* Student's Name ____ Grade ______ Birth date_______ Address/City ____Zip Code ___________________ Home Phone __________________ Cell Phone _______________________Email___________________
Guardian #1 Name____________________________Address/City________________Zip Code __________
Home Phone _________________ Cell Phone __________________
Email______________________
Guardian #2 Name ___________________________Address/City ______________Zip Code __________________ Home Phone _________________ Cell Phone __________________ Email ___
Alternate contact, in case of emergency: ___________________________________ ______________________________ name phone #
List any allergies/dietary restrictions ____
Medications/Instructions ____
List anything else you want us to know about your child ____
Guardian signature____
Date________________________________
Consent to Care (Optional): Please check "YES" or "NO." ____YES, I hereby authorize the supervising adult of Skyline Community Church to consent to any dental, medical and hospital care to be rendered to my child, ______________, upon the advice of a licensed physician or dentist. I understand and agree that I am financially responsible for any care so procured.
Dr's Name & Phone # ____________________________________
Dentist's Name & Phone # _____________________________ Health Care Plan ____ ID #____ ____
NO, I DO NOT authorize the supervising adult of the Congregational Church of San Mateo to consent to professional dental, medical, or hospital care for my child, ____________________.
Guardian signature____
Date________________________
Photo Consent (Optional): Please check "YES" or "NO." During activities, we may take photographs or videos in support of SKYLINE and its mission. _____ YES, I give my permission to have my child __________________________________ appear in SKYLINE publications and promotional materials. _____ NO, I DO NOT give my permission to use my child's images in Skyline publications and promotional materials. Guardian signature____
Date________________________