

Saint Matthew Lutheran Church Children's Ministries Registration 2009/2010



Please fill out one form per family

Parents/Guardians Name(s) _____

Family e-mail (to get communication) _____

Street Address _____

City, State, Zip _____

Phone contacts (indicate: (H) home, (W) work, (C) cellular)
 _____ () _____ () _____ ()

Office Use Only:
 Payment Record: Amount _____ Method _____ Date _____

Please check which program you are registering your child for:

Nursery Promiseland (1 ½ to 3 years old)..... # of children _____ @ \$10/child

Preschool Promiseland (3 y. o. by Dec. 3rd -Pre -K)..... # of children _____ @ \$20/child
 Sundays 9:15 to 10:40 a.m. in Stenman at church.

Elementary Promiseland (Grades K-5) # of children _____ @ \$20/child
 Sundays 9:15 to 10:40 a.m. in Fellowship Hall at church.

Total: _____

Child/Children's Information:

Child's name _____ DOB _____ Grade: _____
 Any allergies or medical conditions: _____

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 Any allergies or medical conditions: _____

Please complete the other side of this form.

Authorization and Medical Release

(In case any emergency medical treatment is necessary and parents can't be located)

In consideration of the possible injuries, which could occur at/with Saint Matthew Lutheran Church (SMLC), I further release SMLC and persons connected with it, from any and all liability for any injury or damage whatsoever arising from any participation in any SMLC program.

I the undersigned parent or guardian of the child named on this form, a minor, have legal authority, and do hereby authorize and consent to any x-ray examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the primary responsibility for any costs connected with such treatment, understanding that the church insurance coverage will be secondary to their own insurance coverage.

I also give permission for my child's image to be used in any Saint Matthew Lutheran Church publication, promotional material, SMLC web site and/or slide shows.

This release form is completed and signed of my own free will with the purpose of granting my child listed above, permission to participate in SMLC Children's Ministry, authorizing medical treatment under any emergency circumstances in my absence, and releasing liability specifically as stated above.

Parental Signature _____ Print Name _____ Date _____

If I cannot be reached, please contact _____ Phone _____

Additional emergency contact: _____ Phone _____

Physician's Name: _____ Phone: _____

Medical Insurance Company _____ Group or ID number(s) _____

Adults (at least 16 yrs of age) that are authorized to pick up child(ren) from Promiseland.

1. _____
2. _____
3. _____