

Registration Form 2009-2010

Church School + Rite 13, J2A, YAC & Youth Activities

St. Andrew's Episcopal Church
232 Durham Road, Madison CT 06443

Student's Name: _____ DOB: _____

Address: _____

Grade: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Parent: _____ Tel (h/w): _____ Cell: _____

Parent: _____ Tel (h/w): _____ Cell: _____

Parent Email(s): _____

Student Email, if applicable: _____

Emergency contact: _____ Tel: _____

Best way to contact parent/guardian: _____

Medical Information

Physician: _____ Tel: _____

Allergies: _____

Any restricted activities? Please explain:

I agree to release St, Andrew's Church, and its Church School teachers and youth leaders from any damage or liability resulting from my child's participation in church-sponsored activities for the 2009-2010 school year. Further, I give permission for the church school teachers and/or youth leaders to seek medical care for my child in the event of an emergency.

Signature: _____ Date: _____

Please print out the form, complete it, and mail or drop it off at the church. Thanks!