

# St. Bart's Episcopal Church

## 2016-2017 Kindergarten - Fifth Grade REGISTRATION FORM

*One form is needed for each child. We cannot allow children to stay in a program without this form completed and signed. Thank you for your cooperation in keeping our children safe.*

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School in Fall: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ M / F (Please circle one)

### PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: \_\_\_\_\_ email: \_\_\_\_\_

Contact Numbers - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ email: \_\_\_\_\_

Contact Numbers - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

### ***In case of emergency, and the above persons can not be contacted, please notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Contact Numbers - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

St. Bart's has a strong commitment to provide inclusive programs that can be responsive to the individual needs of each child who attends. By better understanding your child's unique strengths and challenges, we can provide better support for building a strong community of children. The insights you voluntarily share on this form can help ensure a rich experience for everyone.

### HEALTH HISTORY

Allergies to food or drugs: \_\_\_\_\_

#### **Please circle all that apply:**

Stomach Upsets

Asthma

Seizures

Diabetes

Vision Impairment

Hearing Impairment

Physical Disability

Learning Disability

Emotional/Behavioral Disability

Motion Sickness

Communication Disorder

ADD/ADHD

If you circled anything on the reverse of this page, please tell us the effect on your child's:

Attention: \_\_\_\_\_

Communication: \_\_\_\_\_

Behavior: \_\_\_\_\_

Reading/writing skills: \_\_\_\_\_

Physical needs: \_\_\_\_\_

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Are any special accommodations/modifications needed? If so, please describe:

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Please list anything else you would like us to know about your child:

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## **MEDIA AND PHOTO RELEASE**

I hereby give permission for this parish to use my child's photograph (without their name) in parish publications, on the parish website and in news releases in regard to any parish sponsored activity.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*