ST. PETER'S EPISCOPAL CHURCH SUNDAY SCHOOL & YOUTH GROUP REGISTRATION FORM

2026-2027

Name:_____ Age: _____

Grade:_____Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Primary Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email:_____

Emergency Contact Name: _____

Relation: _____ Primary Phone: _____

Email:_____

Other Relatives at St. Peter's: _____

Please also use this space to make us aware of any circumstances about your child's safety regarding custody, parental agreements, etc:

_____

Allergies (food or medication): _____

_____

Does your child normally carry an Epi Pen? ____ Yes ____ No *If **"yes"** please attach special instructions (like an action plan).*

List any dietary restrictions: _____

List any activities your child should be restricted from:_____

_____

Medical History of Participant:

Asthma? _____ Yes _____ No

Does your child need an inhaler, and if so, attach the plan used.

Cardiac Problems? ____ Yes _____ No

Diabetes? _____ Yes _____ No

Seizures? _____ Yes _____ No

Any other conditions you would like to make us aware of:

_____

If you answered "yes" to any of the above questions, please attach special instructions (like an action plan) to this registration form.

Signing this agreement is necessary for your child to attend. I hereby certify that all the information contained in this registration form is up to date and correct. I give permission for my child to be treated by a physician, nurse, or other person appropriately trained in first aid in case of an emergency. I understand that every attempt will be made to contact the adults on this form if medical intervention is needed, beginning with the parent/guardian(s). Additionally, I understand that with every activity, there is the inherent possibility of risk, and I do not hold St. Peter's Episcopal Church, its leaders, employees or volunteers liable for damages, losses, diseases, or injuries incurred by the subject on this form.

I, the parent or legal guardian of my son/daughter listed above, hereby give my son/daughter permission to participate in any and all activities of St. Peter's Episcopal Church and the Diocese of Easton for the period of July 2026-July 2027. I acknowledge the risk to have contact with one or more communicable diseases does exist, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and it is impossible to eliminate the risk that my child could be exposed to and/or become infected through contact with or close proximity with an individual with communicable disease.

I **_____ give _____ do not give** my permission and consent for the use of photography or video that includes my child's image. I further give my permission and consent that any such photographs may be used by St. Peter's Episcopal Church to illustrate or promote the church's programs.

PARENT NAME (*PRINTED*)	**PARENT SIGNATURE**	**DATE**