



# St. Matthew's

EPISCOPAL DAY SCHOOL

## ENROLLMENT/EMERGENCY FORM 2017-2018

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Person to call in case of emergency if parents cannot be reached: Name \_\_\_\_\_

Address with Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions or call emergency medical services. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary. If unable to name a physician or pay for medical services, the medical, hospital, or welfare services may be authorized. I give my consent for whatever first aid treatment that may be necessary for my child while he/she is in the school's care.

**List any special problems** that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use and any other information of which St. Matthew's School should be aware:

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**WATER ACTIVITIES:** I hereby give my consent for my child to participate in water activities provided and supervised by the school.

**RELEASE OF CHILD:** I hereby authorize St. Matthew's School to allow my child to leave the school **ONLY** with the following persons. A staff member will be notified in writing if anyone else is to pick up my child.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

**PHOTO RELEASE:** I hereby consent that St. Matthew's School may use photographs or videos taken of my **child and his/her parents** during this school year. These pictures may be used on bulletin boards, Living Tree, Facebook, the school newsletter, at school sponsored events and in scrapbooks made by the teachers. Furthermore, I consent that such photographs and/or videos shall be the property of St. Matthew's School, which has the right to duplicate and reproduce, as St. Matthew's School deems necessary.

**NOTIFICATION:** I understand that I must regularly update all forms filed at St. Matthew's School.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_