

Holy Cross Episcopal Church
6066 Corte del Cedro
Carlsbad, CA 92009
Phone 760-930-1270
Fax 760-930-1279

**Registration Form
Parents' Night Out**

Instructions: Please fill out and return to Holy Cross. Registrations can be faxed to us at (760) 930-1279. We must have these forms on file before your child can participate.

1. Child Name _____
Date of Birth _____ Grade _____

2. Child Name _____
Date of Birth _____ Grade _____

3. Child Name _____
Date of Birth _____ Grade _____

Parents Names _____

Address _____

Child(ren)'s School(s): _____

Contact Information:

Home phone _____

Parent name _____ Cell phone _____

E- mail address _____

Parent name _____ Cell phone _____

E-mail address _____

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Cell Number</u>
1. _____			
2. _____			

Health

Are there any medical problems that we should know about?

Child #1 Name _____

Medical issues _____ Allergies _____

Medications _____

Child #2 Name _____

Medical issues _____ Allergies _____

Medications _____

Child #3 Name _____

Medical issues _____ Allergies _____

Medications _____

Physician Name & Address: _____

Physician Phone: _____

Dentist Name & Address: _____

Dentist Phone: _____

Health

Insurance Carrier _____ Policy Number _____

Medical Consent

Being the parent/legal guardian of _____ (Please print each child's name), I _____ (printed name of parent/guardian) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the **event** I cannot be reached in an emergency, I give permission for the Holy Cross representative to make the decisions necessary for treatment. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child.

Parent/guardian signature

Date

Parental Permission

I, _____ (printed name of parent/guardian), being the parent or legal guardian of _____ (please print each child's name) hereby give my consent for my minor child to participate in activities sponsored by Holy Cross Episcopal Church. I understand that the caregivers will take all reasonable safety precautions, and that the possibility of an unforeseen hazard may exist. I further agree not to hold Holy Cross, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Parent signature

Date

Permission to take Photographs

Photographs are occasionally taken of the children. We print them in our newsletter, and occasionally send pictures of this outreach to the Episcopal Diocese. Do we have your permission to take photos of your child?

Yes

No

Holy Cross Parents Night Out Policies

The Parent's Night Out program hours are 5 pm to 9 pm on the dates scheduled by Holy Cross Episcopal Church. Children must have registration and consent forms on file before they can participate. The cost for the evening is \$10 for the first child, and \$5 for each additional child within the family. Cost for parents arriving late will be \$15 per child for each 15 minute period after 9 pm. **Please do not bring sick children to Parent's Night Out.**

I have read the caregiver policies. I understand them and agree to comply with them.

Printed parent/guardian name	Parent/guardian signature	Date
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