

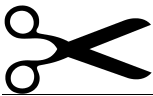
# Thanksgiving Kid's Day Out

Who is this for: Kids ages 4 – 6 years old

Date: Saturday, November 17<sup>th</sup>

Times: 11:00 – 12:30

Location: St. Joseph Parish - West Campus



Mail or Drop off this form to:  
St. Joseph Parish  
Attn: Kids Day Out Coordinator  
5411 S. Main St.  
Sylvania, OH 43560

Child's Name \_\_\_\_\_ Age 4 5 6

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Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Registration fee per child is \$5.00 x \_\_\_\_\_ children = \$ \_\_\_\_\_

I have enclosed a check or cash in the amount of \$ \_\_\_\_\_

Payment is due at the time of registration

**Spaces are limited – registration forms will be accepted until Tuesday, November 13<sup>th</sup>  
or until we are full**

MEDICAL AND PHOTO/VIDEO RELEASE

Parent email address \_\_\_\_\_

1. Medical/Emergency Information

Table with 4 columns: Child's Last Name, First Name, Age, Allergies (Food/Drugs) / Other Conditions. It contains three empty rows for data entry.

2. Local Emergency Contact (Other than immediate family)

Table with 3 columns: Name, Relationship to child(ren), Phone Number. It contains two empty rows for data entry.

3. Emergency Medical Treatment

As parent/legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which – in the opinion of the attending physician – may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to contact me.

\_\_\_\_\_  
(Parent's Signature) (Date)

4. Photo Permission: During the Kids Day Out program, we sometimes take photographs or video events of classroom activities, special projects, grade level events, etc. These images are used for the sole purpose of visually enhancing our parish bulletin, website, displays at parish events, annual reports, and occasionally in local or diocesan newspapers. Please note that no information (name, grade level, etc.) would be published – only images of your children participating in a St. Joe's Kids-sponsored activity or event.

Please Check One: \_\_\_\_ Yes, I do \_\_\_\_ No, I do not  
...give permission for my child(ren)'s photos to be used in the above situations.

\_\_\_\_\_  
(Parent's Signature) (Date)

5. Special Needs/Comments: (This information will be treated confidentially)  
By becoming aware of the special situations which affect the children, we are better able to respond to their individual needs. We are aware that as parents, we sometimes hesitate to share certain things about our children. However, we encourage you to consider how valuable these insights will be in fostering understanding, compassion and patience. Please check one (and list information on reverse side of this page).

\_\_\_\_ There are no special needs/comments for my child(ren)

\_\_\_\_ There are special needs/comments for my child (details listed on back)