



Children's Sunday School



**Registration Form 2019/2020– Please Return to Youth Formation: 5411 Main Street Sylvania, Ohio 43560
Attn: Sunday School or use the fillable form option and email to dlsk@stjoesylvania.org**

All sessions are run during the 10:00 AM Mass

Fall Session- September 8, 15, 22, 29 October 6, 13, 20, 27 November 3 (Registration deadline: 8/30/19)

Winter Session – January 12, 19, 26, February 2, 9, 16, 23, March 1, 8 (Registration deadline: 1/3/20)

Spring Session- April 19, 26, May 3, 10, 17, 24, 31 (Registration Deadline: 4/8/20)

Child's Name _____ Age 3/4/5/6 _____ Sex _____

Nick Name _____ Birthdate _____

Child's Name _____ Age 3/4/5/6 _____ Sex _____

Nick Name _____ Birthdate _____

Child's Name _____ Age 3/4/5/6 _____ Sex _____

Nick Name _____ Birthdate _____

Father's Name _____ Mother's Name _____

Home Address _____

City _____ State _____ Zip _____ Cell _____

Email address _____

Names and relation of people that may be picking up your child (besides parents named above).

Are you interested in helping in this ministry? Yes No

Please check the session or sessions that your children will attend this year.

Fall _____ Winter _____ Spring _____ (Cost per session is \$25.00 per child)

Total Amount Included with Registration _____ Please Note- We will not be able to run a session with fewer than ten registered children per session. If a session will not run you will be notified ahead of time.

Office Use Only: Amount Paid _____ Cash _____ Check # _____ Date _____

MEDICAL AND PHOTO/VIDEO RELEASE

Parent email address _____

1. Medical/Emergency Information

Child's Last Name	First Name	Age	Allergies (Food/Drugs) / Other Conditions

2. Local Emergency Contact (Other than immediate family)

Name	Relationship to child(ren)	Phone Number

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 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-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)