

ST. MATTHEW'S EPISCOPAL SCHOOL

ENROLLMENT/EMERGENCY FORM

Child's Name _____ Birth Date _____ Sex _____
Address _____ Zip _____ Phone _____
Father's Name _____ Business Phone # _____ Cell # _____
Mother's Name _____ Business Phone # _____ Cell # _____
Email Address _____

Persons to call in case of emergency if parents cannot be reached:

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

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. If it is impossible to contact this physician, the school may make whatever arrangements deem necessary. If unable to name a physician or pay for medical services, the medical, hospital, or welfare services may be authorized

_____ Parent Signature

Any Known Allergies _____

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. _____ Parent's Initials

RELEASE OF CHILD: When my child brought to the facility, he/she will be left with a staff member and released only to the parents, carpool, or persons named here _____ A staff member will be notified in writing if anyone else is to pick up my child. _____ Parent's Initials

PHOTO RELEASE: I hereby consent that St. Matthew's School may use photographs or videos taken of him/her during this school year while he/she is enrolled at St. Matthew's School as a student. These pictures may be used on school bulletin board 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. _____ Parent's Initials

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

EMAIL RELEASE: While we, like everyone else, are at risk for a computer virus or unintentional human error, we will maintain a strict policy to safeguard your address. Your email address will not be entered into another site nor will it be distributed to other parents or printed in our directory. We want to make life easier for all parents and ourselves. Please respect the privacy of all parents by not using a St. Matthew's Email address list without the express authorization from the director, Pam Littlefield to do so. _____ Parent's Initials