



REGISTRATION FORM

Student's Full Name _____

Birthday (m/d/y) _____ Grade _____

Parent / Legal Guardian Full Name(s) _____

Address _____ City / Zip Code _____

Home Phone _____ Mobile Phone _____

Email Address _____ Preferred Language _____

Name & Relationship of Other Person(s) who are authorized to pick up your child(ren):

Medical Conditions or Allergies

I hereby give permission for my child to self-administer the following medications in case of sudden onset of conditions as indicated above. YES NO

I authorize staff at San Gabriel Presbyterian Church who is trained in the basic first aid to give my child first aid when appropriate. I also understand that every effort will be made to contact me in the event of emergency requiring medical/dental attention for my child. However, if I cannot be reached, I hereby authorize the volunteers of the Art Fusion for Kids Program or members of San Gabriel Presbyterian Church to summon emergency transportation for my child to the nearest medical facility, and to secure necessary medical treatment for my child.

Initial of Parent/Legal Guardian _____

I give permission for my information to be shared with Sunday School teachers for parent contact.

* I hereby give permission for my child named above, to participate in the **Art Fusion Kids Program** and other programs offered by **San Gabriel Presbyterian Church** for the following 2018-2019 Quarters (Initial)

Fall Quarter Sept. 9 - Nov. 25 _____	Winter Quarter Dec. 2 - Mar. 3 _____	Spring Quarter Mar. 10 - Jun. 2 _____
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Parent/Guardian Full Name (Print) _____ Parent/Guardian Signature _____ Date _____