
St. George's Episcopal Church

Children and Youth Registration Form

CHILD'S/YOUTH'S NAME: _____ AGE: _____

Parent/Guardian Name(s):

Address:

Email: _____

Phone: _____ Cell or Home

Medical Concerns

1. Does your child/youth have a specific disability/diagnosis?

No Yes—Please describe in lay terms: _____

2. Is your child/youth taking a medication with possible side effects we should be aware of?

No Yes—Name of medication and possible side effects:

3. Does your child/youth experience seizures?

No Yes—Controlled Yes—Uncontrolled

If yes, please describe the seizures and their frequency:

4. Does your child/youth experience respiratory problems?

No Yes If yes, please describe:

5. Does your child/youth have any allergies that we should be aware of?

No Yes— Please list: _____

6. Please list any food/drinks we should NOT give your child/youth: _____

7. Does your child/youth need assistance when eating/drinking?

No Yes—Please describe: _____

8. Toileting: Independent Wears diaper/pullup Requires assistance—Please describe: _____

9. Please describe any other important care instructions:

Speech & Cognition

10. How does your child/youth communicate?

Non-verbal, but vocalizes

Says words

Talks in sentences, but may be hard to understand

Talks near or at typical level for age

Other:

11. Does your child/youth have hearing problems?

No Yes—uses hearing aid Yes—uses sign language

12. Does your child/youth have vision problems?

No Yes—please describe:

Social & Behavioral

Child's/Youth's School: _____ Grade: _____ Age _____

13. Does your child/youth receive special education in school? No Yes

Included in typical classroom Some inclusion No inclusion

14. What assistance does your child/youth receive at school? _____

15. Does your child/youth exhibit any of these behavioral tendencies?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Yelling | <input type="checkbox"/> Running away |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Refusal to follow directions | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Aversion to touch | <input type="checkbox"/> Pushing | <input type="checkbox"/> Withdrawal |

Other: _____

How do you handle this/these behavior(s)? _____

16. What are behavioral signs/triggers we should be aware of? _____

17. Are there any specific sensitivities (light, sound, smells, etc.) your child/youth has that we should know about? _____

18. What are your child's/youth's favorite things about church? _____

19. What works well for your child/youth in regard to children's/youth ministry? _____

20. What modifications help your child/youth engage in children's/youth ministry? _____

21. What is challenging for your child/youth in regard to children's/youth ministry?

22. List any hobbies, talents, or special interests: _____

St. George's Episcopal Church Children/Youth Participant Waiver

Child's/Youth's Name (Last name, First name)	Birthdate

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under (cont.) the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) or youth pursuant to this authorization.

Parent/Guardian Signature _____ **Date** _____

PHOTO/VIDEO PERMISSION: I give my consent to St. George's Episcopal Church to use photo or video images taken of my child(ren) or youth in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless St. George's Episcopal Church from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s/youth's tenure at St. George's Episcopal Church. ****None of the photos will be for personal use****

Parent/Guardian Signature _____ **Date** _____

LIABILITY RELEASE: In consideration of St. George's Episcopal Church allowing the above child(ren)/youth to participate in children and youth group activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. George's Episcopal Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by the undersigned and the above child(ren)/youth while involved in all church sponsored children and youth activities and events. Furthermore, on behalf of my minor child(ren)/youth, I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren)/youth, if necessary, for transportation to and from event and activity locations, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. George's Episcopal Church, its directors, employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

Parent/Guardian Signature _____ **Date** _____