



# Unitarian Universalist Society of Geneva

*Come as you are.*

## 2016-2017 Church School Registration/ Emergency Contact and Consent-To-Treat

To be completed annually, by parents/guardians who would like their children/youth to attend the nursery, religious education classes, and related activities.

Name/s of legal parent/s or legal guardian/s \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/s or Guardian/s Email Address/s: \_\_\_\_\_

We expect to attend most often: \_\_\_\_\_ 9:30 a.m. Service \_\_\_\_\_ 11:15 a.m. Service

Child's Name:	Birth date:	School Grade:	Allergies:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

If you have more than 4 children, please complete and attach an additional form.

**Additional Information:** Is there anything that we should know about your child/ren that will help her/him feel welcome? (Health, family situation, unique behavior.)

**\*For children with special needs, submit the Special Considerations Form (found on website or in Literature Display outside the south Common Room door at church).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information** Please list an emergency contact person, if we cannot reach the legal guardian:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Health Provider and Health Insurance Information

Child/ren's primary care physician and phone number: \_\_\_\_\_

**\*Attach a copy of a current photo ID and health insurance card (front & back) for students entering grades 6-12.**

Health insurance carrier: \_\_\_\_\_

Policy (and group) number/s: \_\_\_\_\_ Subscriber: \_\_\_\_\_

**Other medical conditions or important health information (specify child)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Responsibility and Consent-To-Treat**

I understand that I have primary responsibility for my child/ren, and I will be on church property when my child/ren is/are in the regular programs (Nursery – Grade 8). By signing this form, I am giving permission for my child/ren to leave church grounds with the class for a walking field trip in Geneva and for my child/ren Grades 9 -12 to be at church and leave without my being on church property. For field trips beyond walking distance of the church grounds, I understand that I will be asked to sign a permission slip for each field trip. If I have any questions about the curriculum or the program, I understand I can contact The Rev. Scott Talbot Lewis Assistant Minister. I understand that this information is held confidential and will be shared only with related UUSG staff and Religious Education volunteer teachers.

In addition, I authorize a competent adult to administer first aid treatment to my child/ren in case of an emergency. I give my permission for my child/ren to receive any needed medical care and treatment required in my absence. I understand that I will be responsible for any expenses not covered by my insurance carrier. I further understand that this form will be used for the current church school year, that I am responsible for advising the UUSG office of any changes to this information, and that I am responsible for updating this form each year or when changes occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Complete, print, and submit registration, with appropriate additional information (Special Considerations Form, copy of student ID, front/back copy of health insurance card), to the "Church School Registration" mailbox in the Volunteer Office at church. Thank you.**