

CHILD 1

Name _____ Gender: ___ M ___ F
First Last

Date of Birth _____ Grade (as of 9/1/17) _____ School (as of 9/1/17) _____

Allergies, Epipen and other medical or special needs _____

This child will need an Adaptive program. ___ Yes ___ No

CHILD 2

Name _____ Gender: ___ M ___ F
First Last

Date of Birth _____ Grade (as of 9/1/17) _____ School (as of 9/1/17) _____

Allergies, Epipen and other medical or special needs _____

This child will need an Adaptive program. ___ Yes ___ No

CHILD 3

Name _____ Gender: ___ M ___ F
First Last

Date of Birth _____ Grade (as of 9/1/17) _____ School (as of 9/1/17) _____

Allergies, Epipen and other medical or special needs _____

This child will need an Adaptive program. ___ Yes ___ No

EMERGENCY INFORMATION & CONSENT

EMERGENCY CONTACT(S)

1. First Name _____ Last Name _____

Relationship _____ Email _____

Phone (____) _____ - _____

2. First Name _____ Last Name _____

Relationship _____ Email _____

Phone (____) _____ - _____

PARENTAL CONSENTS

Photo/Video Usage (select one)

_____ I give my permission for my child's picture, with name, to be posted on a website or social network page associated with St. John's Parish Religious Education Program.

_____ I give my permission for my child's picture, without name, to be posted on a website or social network page associated with St. John's Parish Religious Education Program.

_____ I do not give my permission for my child's picture to be posted on a website or social network page.

Permission to Treat / Liability Waiver

In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person(s) designated on this form. However, if I/they cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection or surgery, for the well-being of my child(ren) enrolled on this form. I hereby agree to indemnify and hold harmless St. John Chrysostom Catholic Church, the Archdiocese of Philadelphia, and its officers, employees and volunteer staff from any liability.

Signature _____ Date _____

Print Name _____

2017-18 Fees

Please make checks payable to St. John Chrysostom.

	BEFORE JUNE 1	AFTER JUNE 1
Ages 3-5	NO FEE	NO FEE
Grades 1-8 and Adaptive		
1 Child	\$190	\$205
2 Children	\$330	\$345
3+ Children	\$395	\$410

Office Use: _____ Class _____ Fee _____ Paid _____

Return to Mary C. Pizzano, SJC Parish, 617 S. Providence Rd., Wallingford, PA 19086 - (610) 874-3418 x 105 – mpizzano@sjcparish.org