

**Church of the Epiphany, San Carlos, CA
Youth and Children's Programs Registration
2007-2008**

STUDENT INFORMATION:

Name: _____ **Birthdate:** _____ **Baptized?** ____ **Age:** ____ **Grade:** ____

Student email: _____

Allergies: _____

Concerns: _____

PARENTS of GUARDIANS:

Mother's name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Father's name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

I give my permission for my child to participate in Epiphany Youth and Children's Programs' activities and outings.

In case of a medical emergency, if I cannot be reached, I give my permission for the Church of the Epiphany through its adult representatives to consent to necessary medical or dental treatment as recommended by a licensed physician or dentist. I understand that every effort will be made to contact me before this authorization is used.

Parent's signature _____ **Date** _____

GODLY PLAY PARENTS: Check here if you have enclosed \$10 for a set of Parents' Pages.