

St. George's Episcopal School Enrollment Form

Child's Full Name	Sex	Age	Birth Date
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Home Address	City	Zip Code	Area Code Phone #
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Parent's / Guardian's Name	Parent's / Guardian's Name
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Parent's Address (if different than child's)	Parent's Address (if different than child's)
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Parent's / Guardian's Employer / Occupation	Parent's / Guardian's Employer / Occupation
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Parent's / Guardian's Daytime Phone	Parent's / Guardian's Daytime Phone
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Parent's / Guardian's Cell Phone & Carrier	Parent's / Guardian's Cell Phone & Carrier
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If divorced, is non-custodial parent able to pick up child? Yes No

Emergency Contacts: Please indicate who you would like us to contact first and second in case of emergency or illness? ___ Mom ___ Dad. Then, please list persons you would like us to contact in case of emergency or illness (*local only*).

Name	Relationship	Telephone	Authorized to pick up?
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Address	City	State	Zip Code
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Name	Relationship	Telephone	Authorized to pick up?
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Address	City	State	Zip Code
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Family's preferred language: _____

Preferred form of communication; email, text, phone, face to face: _____

Required Information:

Medical Insurance Carrier: _____ Group # : _____

Name of Insured: _____ Insurance Co. Phone #: _____

Permission is granted for St. George's Episcopal School to:

- Yes No 1. Share my name, address and phone number with others enrolled in school, in such materials as the Student Directory.
- Yes No 2. Share my name, address and phone number with others enrolled in school, in such materials as Classroom Rosters.
- Yes No 3. Share my e-mail address with others enrolled in the school, so that room parents and parent volunteers can pass along information regarding class/school events.
- Yes No 4. Publish my child's image on the St. George's School website.
- Yes No 5. Use my child's image in school or church publications such as the monthly new newsletter and LivingTree.
- Yes No 6. Display photos of my child in hallways and classrooms to foster community and pride in self and family.
- Yes No 7. Use my child's image in training videos.

AGREEMENT

- 1. I understand that my child will not be released from The School to anyone except the persons designated. Any change or additions must be given in writing to the Head of School or representatives in the School Office.
- 2. FINANCIAL AGREEMENT: *(School year only.)* I/we understand that registration fees are non-refundable and non-transferable; all programs and tuitions are a 9-month commitment; tuition is due on the first of every month; there are no refunds for holidays or days missed because of illness, vacations, or emergency school closings; May tuition collected during the enrollment process guarantees placement for the upcoming school year; in case of withdrawal prior to July 1, the May tuition deposit will be refunded in full. After July 1, the May tuition deposit will be applied toward September's tuition. After school commences, the May tuition will be refunded with 30 days written notice of withdrawal.
- 3. I/we hereby give approval for my child's participation in any and all of the activities during the school year. I understand that every precaution will be taken to ensure the safety and well-being of my child. I/ we do assume all the risks and hazards incidental to the conduct of the activities and I/we do further hereby release, absolve, indemnify and hold harmless St. George's church, St. George's School, the organizers, sponsors, and supervisors and/or all of them. In case of injury of my child, I hereby waive all claims against St. George's Church, any segment of the St. George's School, the organizers, sponsors, or any of the supervisors appointed by them.

I/we have read and will abide by both the above agreement and policies stated in the handbook and affirm that the enrollment form and medical information form are correct to the best of my/our knowledge.

Parent's / Guardian's Signature Date

Parent's / Guardian's Signature Date

Authorization of Consent to Treat a Minor

Thereby authorize St. George's Episcopal School to take my child to any licensed physician or hospital in a medical emergency if parents and emergency contacts cannot be reached.

Signature of Parent or Guardian Date

Notary Public Date