

Children's Program Registration

From July 2010 - June 2011

PROGRAM NAME _____ SMILES _____

Child's Name: _____ Birthday _____ Age: _____
_____ Boy Girl

Child's Name: _____ Birthday _____ Age: _____
_____ Boy Girl

Child's Name: _____ Birthday _____ Age: _____
_____ Boy Girl

Is there someone who your child would like to have in their class?

_____ We will do our best to accommodate your request, but keep in mind that differences in age, class size, total enrollment and other factors will also be considered. The final decision is made by the coordinator.

Address: _____

Phone: _____

City and Zip: _____

Parent's Name: _____ Family Security Number _____

_____ I am a member/regular attender of High Desert Church.

_____ I do not attend church regularly

_____ I attend

_____ Church.

◆ **Please fill out medical/photo/video release on the back of this registration form.**

◆ If anything changes throughout the year, please let us know.

Special Needs of your Child:

OFFICE USE ONLY:	
Registration Fee Paid: _____ _____	Balance Due:
Check Number: _____ _____	Cash:
Date: _____	

All of the programs that we offer for your child have a standard adult to child ratio for your child's safety. For this reason we may be asking you to volunteer occasionally to help us have the safest possible environment for your child. Thank you for your help.

Authorization of Consent for Emergency Medical Treatment

I/We the parent(s)/guardian(s) of the above named do hereby authorize the person or persons representing the High Desert Church of Victorville, California as agents for the undersigned to consent to any x-rays examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization is to be effective until it is revoked in writing to said agent.

It is understood that parents or guardians are responsible for all costs not covered by church insurance.

VIDEO/PHOTO - I understand that during these sessions of TLBS or SMILES my child may be photographed or videotaped. By signing this release form, I am providing permission for my child to have their picture taken, or appear in a video. Pictures and video recordings may be used by the church for promotional materials, bulletin boards or advertisements of HDC sponsored events. This authorization will remain effective until revoked in writing.

A photocopy of this consent is valid and may be used in place of the original.

(Signature of Father, Mother, or Legal Guardian) (Date)

(Father's full name) Work Phone _____ Home Phone _____ Cell Phone _____

_____ Work Phone _____ Home Phone _____ Cell Phone _____
(Mother's full name)

Doctor _____ Phone _____

Insurance company _____ Subscriber _____

Subscriber # _____ Group # _____

Specific information/instructions for filing insurance or for medical staff:

Date of last tetanus shot: _____

Medications taken regularly/Allergies/Medical Problems _____
