

**ST. MATTHEW'S EPISCOPAL SCHOOL  
ENROLLMENT/EMERGENCY FORM**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Person to call in case of emergency if parents cannot be reached: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements deem necessary. If unable to name a physician or pay for medical services, the medical, hospital, or welfare services may be authorized.

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use and any other information which St. Matthew's School should be aware of

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital preference in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**WATER ACTIVITIES:** I hereby give my consent for my child to participate in water activities provided and supervised by the school.

**RELEASE OF CHILD:** I hereby authorize St. Matthews School to allow my child to leave the school **ONLY** with the following persons. Please list name and telephone number for each. A staff member will be notified in writing if anyone else is to pick up my child. \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

**PHOTO RELEASE:** I hereby consent that St. Matthew's School may use photographs or videos taken of him/her during this school year while he/she is enrolled at St. Matthew's School as a student. These pictures may be used on school bulletin board the school newsletter, at school sponsored events and in scrapbooks made by the teachers. Furthermore, I consent that such photographs and or videos shall be the property of St. Matthew's School, which has the right to duplicate and reproduce, as St. Matthew's School deems necessary.

**NOTIFICATION:** I understand that I must regularly update all forms filed at St. Matthew's School.

**EMAIL RELEASE:** While we, like everyone else, are at risk for a computer virus or unintentional human error, we will maintain a strict policy to safeguard your address. Your email address will not be entered into another site nor will it be distributed to other parents or printed in our directory. We want to make life easier for all parents and ourselves. Please respect the privacy of all parents by not using a St. Matthew's Email address list without the express authorization from the director, Francie Thurman to do so.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_