

# St. Paul Methodist School Registration Form

4901 Gulf Breeze Parkway  
Gulf Breeze, FL 32563

**Student Information:** **Date of Birth** \_\_\_\_\_ **Sex:** M F

**Full Name:** \_\_\_\_\_  
Last First Middle

**Child's Address:** \_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_

## FOR OFFICE USE ONLY

School Year: **2016/2017** Program: \_\_\_\_\_ Number of Days Attending: \_\_\_\_\_

School Year: **2017/2018** Program: \_\_\_\_\_ Number of Days Attending: \_\_\_\_\_

School Year: **2018/2019** Program: \_\_\_\_\_ Number of Days Attending: \_\_\_\_\_

## Family Information: (Address only needed if different from the child's)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Name and Ages of other children in Home: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

## Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name Phone # Relationship

Name Phone # Relationship

Name Phone # Relationship

## In School Picture/ Video Permission Form:

I hereby grant permission to St. Paul Methodist School to photograph my child. It is my understanding that these photographs will be solely for the projects in the school and the video- type presentations to be viewed in the school and on the website. At no time will names be used.

Name of Child: \_\_\_\_\_

2016/2017

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2017/2018

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2018/2019

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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## Email Permission Form:

During the school year, St. Paul Methodist School will be sending out emails containing general information and important updates. At no time will your email address be shared or used for any other types of mass email messaging. Please let us know if you would like to receive emails from St. Paul Methodist School or not.

Yes, I would like St. Paul Methodist School to email me general information and important updates.

Please list any email addresses that you would like St. Paul Methodist School to send information and important updates to:

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

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

No, I do not wish to receive emails from St. Paul Methodist School.

2016/2017

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2017/2018

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2018/2019

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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I \_\_\_\_\_ have received and read **St. Paul Methodist School Parent/Student Handbook including the Discipline Policy**. I agree to make timely payments and understand and agree to follow the policies that are in the handbook.

2016/2017

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2017/2018

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2018/2019

School Year

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**St. Paul Methodist School  
4901 Gulf Breeze, Fl. 32563  
(850) 932-0692 ext 113**

**Emergency Treatment Release Form**

\_\_\_\_\_  
Date

To Whom It May Concern:

I, \_\_\_\_\_, give the Director or authorized representative of St. Paul Methodist School permission to seek and authorize medical treatment by hospital for any necessary procedure in case of emergency or sickness for the following child:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I will not hold the center or medical personnel responsible. This was done with the understanding that every attempt will have been made to contact the parents, the child's physician and other persons listed on the emergency contact form.

Family Physician(s) is/are (Name, address and phone number):  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medical Insurance (Name, Policy # and phone number): Yes\_\_ No\_\_  
\_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date 2016/2017

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date 2017/2018

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date 2018/2019

**St. Paul Methodist School**  
**4901 Gulf Breeze, Fl. 32563**  
**(850) 932-0692 ext 113**

## **Permission for *Food-related Activities & Special Occasion* food consumption**

**Pursuant to 65C-22.005(1)©2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.**

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

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Please provide the following information:

\_\_\_\_My child **DOES NOT** have a food allergy or dietary restriction. He or she **may** participate in activities.

\_\_\_\_My child **DOES NOT** have a food allergy or dietary restriction. He or she **may not** participate in activities.

\_\_\_\_My child **DOES** have a food allergy or dietary restriction. He or she **may** participate in activities, but may not eat or handle the following items (please list below):

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\_\_\_\_My child **DOES** have a food allergy or dietary restriction. He or she **may not** participate in activities.

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I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)