

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: **2017/2018** Program: _____ Number of Days Attending: _____

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

School Year: **2019/2020** 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
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Name	Phone #	Relationship
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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: _____

2017/2018

School Year

Signature of Parent or Guardian

Date

2018/2019

School Year

Signature of Parent or Guardian

Date

2019/2020

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.

2017/2018

School Year

Signature of Parent or Guardian

Date

2018/2019

School Year

Signature of Parent or Guardian

Date

2019/2020

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. I have read a copy of the brochure **"Know Your Childcare Facility" and "The Flu: A Guide for Parents"** which is all found on the St. Paul Methodist School website.

2017/2018

School Year

Signature of Parent or Guardian

Date

2018/2019

School Year

Signature of Parent or Guardian

Date

2019/2020

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/Field Trip 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):

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 **2017/2018**

Signature of Parent or Guardian

Date **2018/2019**

Signature of Parent or Guardian

Date **2019/2020**

I give permission for my student _____ to participate in the On Campus field trips (Pumpkin Patch, Nature Walks, Chapel, etc.)

Signature of Parent or Guardian

Date **2017/2018**

Signature of Parent or Guardian

Date **2018/2019**

Signature of Parent or Guardian

Date **2019/2020**

**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.

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):

_____ My child **DOES** have a food allergy or dietary restriction. He or she **may not** participate in activities.

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)