

Personal information

Address *

Location

Street

City

State

Zip

Phone number *

Location

Number

Email address *

Location

Address

Gender *

Birthdate *

Grade *

Emergency contact *

Questions

Child's Name *

Church Home

Which best describes you (the parent/guardian)? *

Health Information:

Emergency Contact Phone Number *

Emergency Contact Relationship to Child? *

Health Insurance Company Name *

Insured's Name *

ID Number/Group Number *

Does your child have any allergies we should be aware of? *

Education

Which school will your child be doing virtual learning from? *

What are your child's strengths and weaknesses when it comes to education? *

Permissions

Medical Treatment Permission: I understand that in the event of a medical emergency, every attempt will be made to contact me with the information provided on this form. In the event I cannot be reached, I consent to give the Adult Leader(s) to whom my child's care has been entrusted, consent to obtain any emergency medical and any further medical attention or procedure deemed necessary by the physician giving care. I understand my insurance will be used in the event medical attention is needed. *

Liability Release : we (I), the undersigned, do hereby release, forever discharge, and agree to hold harmless Isle of Hope United Methodist Church, its employees, volunteers, and agents (collectively referred to as the "Church") from any and all liability, claims, and demands for personal injury, sickness, death; or property damage and expenses of any nature incurred while participating in Virtual Learning. *

Photograph and Image Release: I give the Church consent without further consideration or compensation to use any photos or images of my child taken during ministry activities for use with various forms of communication, including social media. In no case will your child's name be used in any communications. *

Next: Review & pay