**2015-2016 SUNDAY SCHOOL REGISTRATION FORM**

**FAMILY INFORMATION**

**Parent or Guardian Name:**

**Adress:**

**City: State/Province: Zip Code:**

**Phone (Home): Cell: Email:**

**STUDENT INFORMATION**

**The Student’s Name: Gender: M F**

**Birth Date: Age:**

**Emergency Contact Information:**

**Name: Relationship:**

**Health Information: Injuries/Illness:**

**Medication and frequency:**

Special Instruction: Please READ and SIGN. I, the undersigned, am the parent/legal guardian of the aforementioned child/children and requesting admittance to DCA Sunday School. Furthermore, the STUDENT being enrolled is in good health, and does not suffer from any illness; disability or condition that requires the taking of medication on a regular basis and any such condition is disclosed to and is accepted by the school administration. I also understand that there is no reason that the STUDENT on this form cannot or should not participate in vigorous practice or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of the said STUDENT. In the event of any such accident or injury, I hereby give my full consent to allowing the DCA School Administration and DCA staff to procure any medical treatment deemed necessary and advisable on behalf of my child. I understand that, as a condition of admittance of the STUDENT, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release; the DCA Sunday School and its Staff and Principal, all and every member of School and DCA Staff, and the Instructors from all and any liability resulting from injury or illness, mental or physical, suffered by the STUDENT during or related to the school year. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the above and acknowledge and accept full responsibility as described above.

**Signed: Dated:**