

Sunday School / Nursery Expectations of Parents & Parent Rewards

EXPECTATIONS:

1. Register your children (includes completing the permission and release form)
2. Directly communicate important medical information, such as food & medical allergies, to the teachers
3. Introduce yourselves to your child's Sunday School teachers at the beginning of the year
4. Do not leave the church area while your child is in Sunday School or the nursery
5. Express concerns/questions to the teachers, their supervisor, &/or the Co-directors
6. Respond to concerns/requests expressed by the teachers
7. Consider taking a turn to volunteer to teach Sunday school

PARENT REWARDS:

1. Your child gets the chance to connect with other adults at St. Mark's
2. Your child builds community with other young people at St. Mark's
3. Your child gets exposed to Christian Lore (stories & traditions)
4. Your child explores how their life stories connect to Lore
5. Furthers your opportunity to discuss Lore and spiritual concerns with your child
6. The opportunity to participate in Sermon Seminar

My child _____ (*child's name*)

will be attending Sunday School at St. Mark's Episcopal Church, Capitol Hill and I,

_____ (*parent's name(s)*) have read and

understand the Sunday School parent expectations.

Signature

Date

Signature

Date

I wish to register my child in the following class (check one):

- | | |
|---|--|
| <input type="checkbox"/> Nursery (Newborn to age 3) | <input type="checkbox"/> Catechesis Level 3 (ages 10 - 11) |
| <input type="checkbox"/> Catechesis Level 1 (ages 3 - 6) | <input type="checkbox"/> Junior High (ages 12 -14) |
| <input type="checkbox"/> Catechesis Level 2 (ages 6 – 9)) | <input type="checkbox"/> Senior High (ages 15 -19) |

ST. MARK'S EPISCOPAL CHURCH
3rd & A Streets, SE Washington, DC 20003 202-543-0053

NURSERY, SUNDAY SCHOOL, AND YOUTH ACTIVITY

PERMISSION AND RELEASE FORM

(Applicable for 12-month period beginning September 1, 2009)

This form must be completed annually for each youth participating in any youth activities conducted by St. Mark's Episcopal Church, whether on or off church property, including, but not limited to Nursery, Sunday School, youth group meetings and activities, and overnight retreats. Parents and guardians will be provided with written details of any off-property activities, including description of activities, the names of adult leaders, contact information, and anticipated costs.

Youth Member

Name _____ M F Age ____ Grade ____
Date of Birth _____ School _____
Address _____ City _____ State ____ Zip _____
Phone _____ E-Mail _____

Parent / Guardian

Name _____	Name _____
Address _____	Address _____
_____	_____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____

Emergency Contacts

Name _____	Name _____
Home Phone _____	Home Phone _____
E Mail _____	E Mail _____
Relationship _____	Relationship _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____

Medical Contacts

Family Physician _____ **Phone** _____

Family Dentist _____ **Phone** _____

Insurance Company _____ **Phone** _____

Subscriber's Name _____ **Policy #** _____

A copy of the subscriber's insurance card must be attached

Preferred Hospital _____

Special Needs, Conditions, Limitations

Medications: *Please list any prescription or over-the-counter medications taken on a regular basis and, if appropriate, specific circumstances for which they might be required. Continue on back if necessary.*

Date of Last Tetanus Shot _____

Medical Allergies _____

Other Allergies (bites, stings, food, etc.) _____

Dietary Restrictions _____

Special Needs: *Please describe any medical, physical, or emotional conditions which may impact or limit the ability of this young person to participate fully in any activities or any special needs which must be considered to ensure this young person has a positive experience participating in group activities. Also list any medical conditions of the child such as asthma, diabetes, or epilepsy that may require emergency attention prior to establishing contact with your medical and emergency contacts.*

Photography Permission

In the course of St. Mark's youth events and activities, photographs and / or video photography may be taken by leaders and/or participants for use in the promotion of St. Mark's youth activities and programs within the community. These photographs may be posted on the bulletin boards or the St. Mark's website, published in *The Gospel* or *Windows* (the diocesan newsletter), or shown to St. Mark's audiences. It is the policy of the Episcopal Diocese of Washington not to print the individual names of minors.

_____ Photographs of my child may be used.

_____ Photographs of my child may *not* be used.

RELEASE FROM LIABILITY

The Undersigned Parent(s) or Legal Guardian(s) of _____, a minor child, do hereby grant permission for the said child to attend, engage, and actively participate in any and all of the various activities sponsored by St. Mark's Episcopal Church for the Nursery, Sunday School and Youth Programs, including travel in church and/or personal vans or automobiles driven by adult leaders and supervisors.

This consent also includes specific authorization for any of the adult activity leaders (staff or volunteer) to:

1. make medical decisions with respect to said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision;
2. obtain and consent to medical treatment including, but not limited to, admission to a hospital, administration of medication and/or anesthetics, blood transfusions, surgery, and dental work of any kind; and/or
3. administer medication when required.

I / We verify that:

1. notice of this child's medical conditions, medications, or any other special needs which may require the leaders' attention have been provided on this form;
2. this child is enrolled in a medical insurance program which will cover his or her medical expenses both within the U.S. and overseas, and that any medical expenses not so covered will be solely the responsibility of the parent(s) or legal guardian(s);
3. the parent(s) or legal guardian(s) will bear full legal and financial responsibility for this child, including, but not limited to the obligation to pay for any debts he or she may incur, damage to property caused by this child, and separate transportation home in the event it becomes necessary.

I / we further verify that I / we will support the rules and boundaries set by the teachers and youth leaders who work with our child on behalf of St Mark's.

I / we recognize that certain activities and travel of any kind involves some risk, and hereby indemnify, agree to hold harmless and to release the Episcopal Diocese of Washington, St. Mark's Episcopal Church, its members, officers, employees, representatives, and agents including any and all volunteer leaders, and each of them, from any liability for any and all past, present or future claims or causes of action for personal or bodily injury or property loss arising out of any St. Mark's sponsored youth activities that are not due to the negligence of St. Mark's staff or volunteer leaders.

Signature of Parent / Guardian

Signature of Parent / Guardian

Name of Parent / Guardian

Name of Parent / Guardian

Date Signed

Date Signed