

Family Registration Information

Parent A

Name:	
Street Address:	
City, State, Zip:	
Primary Phone:	Secondary Phone:

Parent B

Complete address info if different than above

Name:	
Street Address:	
City, State, Zip:	
Primary Phone:	Secondary Phone:

Child 1

Name:	Age:	DOB:
Resides with:	Both Parents	Parent A Parent B Other:

Child 2

Name:	Age:	DOB:
Resides with:	Both Parents	Parent A Parent B Other:

Child 3

Name:	Age:	DOB:
Resides with:	Both Parents	Parent A Parent B Other:

Child 4

Name:	Age:	DOB:
Resides with:	Both Parents	Parent A Parent B Other:

Parents Night Out: Emergency Contacts

*Emergency contacts must live within the communities of Cambria, San Simeon or Harmony.
They must be willing to pick up and transport your child, if they are called.*

Primary Emergency Contact

Name:	
Street Address:	
City, State, Zip:	
Primary Phone:	Secondary Phone:
Comments:	

Secondary Emergency Contact

Name:	
Street Address:	
City, State, Zip:	
Primary Phone:	Secondary Phone:
Comments:	

Third Emergency Contact: **OPTIONAL**

Name:	
Street Address:	
City, State, Zip:	
Primary Phone:	Secondary Phone:
Comments:	

Person's authorized to pick-up child/children other than contacts above:

Name:	Comment:
Name:	Comment:
Name:	Comment:

Persons NOT authorized to pick-up child/children:

Name:	Comment:
Name:	Comment:
Name:	Comment:

**Please return to St. Paul's Episcopal Church, 2700 Eton Road, Cambria 93428.
Space is limited, therefore participation will be based on when completed registration forms are
returned. To confirm enrollment, call 927-3239.**

Emergency Waiver and Release

Event Information

Parents Night Out (PNO) is a free event offered by St. Paul’s Episcopal Church and staffed by volunteers.

PNO will be responsible for providing a simple dinner, safe games and activities.

Most PNO volunteers are teachers, both active and retired, who have completed various training in areas designed to safeguard children.

St. Paul’s requests your cooperation by allowing your child to be photographed and or videotaped during his/her stay at (PNO). The pictures taken at PNO may be used in craft projects, church bulletin boards and/or for publicity purposes for St. Paul’s as we share the good things happening here.

Emergency Waiver and Release

In the event of an emergency, I hereby approve any St. Paul’s Church staff member or volunteer to seek appropriate medical attention for my child/children. I/we give my consent for a physician to provide medical or surgical care for this child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me/us before any medical or surgical action is taken.

I/we, hereby authorize the St. Paul’s PNO volunteers as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

I/we agree to inform the Diocese of any changes to this information and this permission is valid until revoked in writing. I/we release the Diocese from any liability, from negligence or otherwise, for any injuries or loss sustained by the above child in this activity.

Health Insurance

Please provide health insurance information, so that in case of a medical emergency, the volunteers at St. Paul’s PNO have all key pieces of info: **OPTIONAL**

Insurance:	Policy Number:
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Signed:

Name:	Date:
Name:	Date:

I verify that the Emergency Contacts and signed release are still valid:

Date:	Date:	Date:	Date:	Date:
Initials:	Initials:	Initials:	Initials:	Initials:
Date:	Date:	Date:	Date:	Date:
Initials:	Initials:	Initials:	Initials:	Initials:

Children's Basics – please complete one sheet for each child

Red areas: required Green: strongly encouraged Blue: optional

Name:	Age:	DOB:
Likes:		
Dislikes:		
Is afraid of:		
Can be described as:		
Food Allergies:		
Other Allergies:		
Specific Health/Safety Concerns: <i>History of Asthma, Epilepsy, etc</i>		
Child's/Children's Physician:		Phone:
Medications		
Anything else you'd like to share		