

Lil' Imprints Nursery Registration 2007-08

Child's Full Name _____ DOB ____ / ____ / ____

Address _____ City _____, CA Zip _____

Phone (____) _____ Baptized? Yes No If yes, date _____

Mother's Name _____ Father's Name _____

Siblings: Name _____ DOB _____ Name _____ DOB _____

Allergies or Medical Conditions _____

Emergency Contact (Other than Parent):

Name _____ Relation to Child _____ Phone _____

Please list any other **adults** who are authorized to pick your up child. Children will not be released to minors.

1. Name _____ Phone _____ Relation to child _____

2. Name _____ Phone _____ Relation to child _____

MEDICAL CARE AUTHORIZATION

Pursuant to California Family Code §6910, I, _____, a parent/guardian having legal custody of _____, a minor child, hereby authorize St. John's Lutheran Church, an adult person into whose care such minor child has been entrusted, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing.

My medical insurance provider is _____

and my insurance certificate number and/or group number is _____

This authorization shall remain effective until September 30, 2008.

Doctor's name _____ **Phone** _____

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that from time to time pictures are taken during the activities at the St. John's Lutheran Church of Orange, CA, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video taped and/or photographed and used in the above listed manner.

Signed _____ Date _____

For more information please contact Susan Haight at (714) 288-4430 or
shaight@stjohnsorange.org



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