



ST. MATTHEW'S
EPISCOPAL CHURCH

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2020 REGISTRATION & YOUTH COVENANT FORM

330 N HUBBARDS LN • LOUISVILLE, KY

895-3485 WWW.STMATTHEWSEPICOPALLOUISVILLE.ORG

Today's Date _____

Child or Youth Information

Name: _____ Age: _____ Grade: _____ Date of Birth: _____

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Name: _____ Age: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Information

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Email: _____ Primary Phone: _____

Emergency Contact Information

Please note: The minor's Parent/Guardian will always be contacted first.

Name: _____ Relation: _____

Primary Email: _____ Primary Phone: _____

List of Individuals Allowed to Sign Out the Child

Please also use this space to make us aware of any circumstances about your child's safety regarding custody, parental agreements, etc.

Health History

List any dietary restrictions: _____

List any activities your child should be restricted from: _____

Medical History of Participant:

ADD or ADHD? Yes No
*Asthma? Yes No
Behavioral Problems? Yes No
Cardiac Problems? Yes No
Diabetes? Yes No
Developmental Delay/
Mental Disability? Yes No

Eating Disorders? Yes No
Emotional Problems? Yes No
Glasses or contacts? Yes No
Headaches? Yes No
Seizures? Yes No
Stomach Problems? Yes No
Other? _____

***Asthma:** Does your child need an inhaler, and if so, what is the action plan used at home or school? _____

If you answered "yes" to any of the above questions, please give details and special instructions (like an action plan):

Other relatives at St. Matthew's Episcopal Church

Allergy Information

List any known allergies your child has or select "none."

None: _____

Allergies: _____

Medications:

Reactions: _____ Treatment

Plan: _____

Food: _____ Reactions:

Treatment Plan: _____

Does your child normally carry an Epi Pen? Yes No

If you answered "yes" please give details and special instructions (like an action plan):

I am interested in:

Baptism _____ Confirmation _____ Acolyte _____ Youth

Group _____

Helping with: Chapel _____ Parent Committee _____ Room Preparation _____

Shopping _____

Pageant _____ Special Events _____

Other _____

Parental Agreement

Signing this agreement is necessary for your child to attend. You may “opt out” of photography and video.

I hereby certify that all the information contained in this registration form is up to date and correct. I give permission for my child to be treated by a physician, nurse, or other person appropriately trained in first aid in case of an emergency.

I understand that every attempt will be made to contact the adults on this form if medical intervention is needed, beginning with the parent/guardian(s). Additionally, I understand that with every activity, there is the inherent possibility of risk, and I do not hold St. Matthew’s Episcopal Church, its leaders, employees or volunteers liable for damages, losses, diseases, or injuries incurred by the subject on this form.

I give my permission and consent for the use of photography and video that includes my child’s image and live presence. I further give my permission and consent that any such photographs may be used by St. Matthew’s Episcopal Church to illustrate or promote the church’s programs. I also give my consent for my children to participate in St. Matt’s online classes and gatherings.

During class there will be no screen shots, private conversations, and always appropriate behavior and conversation will be observed.

Parent/Guardian Signature: _____ Date:
