

Holy Cross Episcopal Church
6066 Corte del Cedro
Carlsbad, CA 92009
(760) 930-1270

**Registration Form
Parents' Night Out**

Instructions: Please fill out and return to Holy Cross. Registrations can be faxed to us at (760) 930-1279. We must have these forms on file before your child can participate.

Child's Name _____ **Nickname** _____

Date of Birth _____

Address _____

Child's School: _____ **Grade:** _____

Contact Information:

Home phone _____

Parent name _____ **Cell phone** _____

E- mail address _____

Parent name _____ **Cell phone** _____

E-mail address _____

Emergency Contacts:

	Name	Relationship	Phone Number	Cell Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Health

Are there any medical problems that we should know about?

Allergies _____ Medications _____

Physician Name & Address: _____

Physician Phone: _____

Dentist Name & Address: _____

Dentist Phone: _____

Insurance Carrier _____ Policy Number _____

Medical Consent

Being the parent/legal guardian of _____ (minor's printed name), I
_____ (printed name of parent/guardian) do consent to any x-
ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary
for my minor child. Further, I understand that all efforts will be made to contact me prior to
treatment. In the event I cannot be reached in an emergency, I give permission for the Holy
Cross representative to make the decisions necessary for treatment. I further understand that the
doctors, dentists, and other providers attending to my child will take all reasonable safety
precautions during their care.

Further, as a parent or legal guardian I am responsible for the health care decisions for my minor
child and agree that my insurance plan is the primary plan to pay for the dental, medical or
hospital care or treatment that is given to my child.

Parent/guardian signature

Date

Parental Permission

I, _____ (printed name of parent/guardian), being the parent or legal guardian of _____ (printed name of minor) hereby give my consent for my minor child to participate in activities sponsored by Holy Cross Episcopal Church. I understand that the caregivers will take all reasonable safety precautions, and that the possibility of an unforeseen hazard may exist. I further agree not to hold Holy Cross, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Parent signature

Date

Caregiver Policies

The Parent's Night Out program hours are 5 pm to 9 pm on the dates scheduled by Holy Cross Episcopal Church. Children must have registration and consent forms on file before they can participate. The cost for the evening is \$10 for the first, and \$5 for each additional child within the family. Cost for parents arriving late will be \$15 per child for each 15 minute period after 9 pm. Please do not bring sick children to Parent's Night Out.

I have read the caregiver policies. I understand them and agree to comply with them.

Printed parent/guardian name

Parent/guardian signature

Date