



Registration and Release

School Term 2024-2025

Student Information

Last: _____ First: _____ Middle: _____

Date of Birth: ___/___/___

Sibling names and ages: _____

Parent Email: _____

Photography/Media Release for The School at Parkhills

Parkhills Baptist Church Children's Ministry Facebook page and website. Occasionally, photographs from school events are posted. Children's names are never posted. Please indicate if you give permission for your child to be included in such posts: **YES NO**

The School at Parkhills has a private Facebook group for parents and families. Permission is required to join the group. At the end of the year, any non-returning families will be removed. Pictures and videos may occasionally be displayed in the closed group. Children's names will not be posted. Please indicate if you give permission for your child to be included in such posts: **YES NO**

Health Information

Does your child have any medical conditions we should be made aware of? **YES NO**

If **YES**, please elaborate: _____

Does your child have any allergies? **YES NO**

If **YES**, please list allergies and indicate severity/epi-pen required, etc.: _____

Parent Agreement: I, _____, have read The School at Parkhills Parent Handbook and agree to abide by the policies therein. I agree to honor the non-refundable fee and monthly tuition payment schedule. In the event I need to withdraw my child from the program, I agree to give TWO WEEKS notice, or pay for the two-week period. By signing this form, I am agreeing to abide by these policies.

Medical Release: I, _____, parent/guardian, the undersigned, do hereby grant permission for a representative of Parkhills staff to see medical attention for my child,
First: _____ Middle: _____ Last: _____ in the case of a medical emergency. I will not hold The School at Parkhills financially responsible for the emergency medical care of my child. The School at Parkhills **does not** assume any financial responsibility, but does wish to provide emergency medical care. Your signature gives the appropriate staff authority to call EMS and/or obtain medical attention for your child.

Parent/Guardian Signature: _____ Date: _____