

Application for Free Tutoring Services at Epiphany Christian Church

School Year Fall 2017 to Spring 2018

Child's name _____

Child's age _____

Date of birth _____

Grade _____

Name of parent(s) _____

Street Address _____

City _____

State _____

Zip _____

Church Affiliation _____

Telephone numbers _____

Email address _____

In case of emergency, contact _____

Phone _____

Relationship to child _____

Arrangements for transportation from school to Epiphany

Arrangements for transportation home from Epiphany

Health and Medical Conditions

Please list any allergies or medical conditions your child has:

Does your child carry an Epi-Pen or other medications for allergies/medical conditions? If so, please let us know the circumstances in which this will need to be used:

Does your child have any physical needs/ailments that would prevent them from participating in physical activity?

Medical Release

I, _____, give permission for _____,
(Name of Parent or Legal Guardian-please print) (Name of Child - please print)

to participate in all activities at the Epiphany Lutheran Church afterschool tutoring program, and authorize any medical treatment in my absence, for the well-being of my child, in case of an emergency. I agree to hold harmless Epiphany Lutheran Church, and any and all volunteers of the afterschool tutoring program, exclusive of negligence, from any injury or sickness which occurs during this program.

This authorization shall remain in full force and effect unless otherwise revoked in writing.

A photostatic copy of this authorization shall be as effective as the one containing my original signature.

Signature of Parent

Date

Please bring this registration form to the church office, email it to ELC@epiphylutheran.org or mail it to Epiphany Lutheran Church, 13495 Keytone Road, Dale City, VA 22193