



Church ^{of} the Madalene

Early Learning Program Application

Childs Name _____ Birth Date _____

Address _____ Phone _____

Mother _____ Email _____

Employer _____

Work Phone _____ Cell Phone _____

Father _____ Email _____

Employer _____

Work Phone _____ Cell Phone _____

Religion of Family _____ Church _____

Sibling/age _____

Third Person to Notify in Case of Emergency _____

Relationship to Child _____ Phone _____

Authorized Person to Pick up Child other than Parent _____

Does your child normally take naps? ☐ yes ☐ no How Long? _____

Special needs for naps (pacifier, stuffed animal, pull-up etc?) _____

MEDICAL INFORMATION:

Is your child taking any medications OR have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) ☐ yes ☐ no If yes, explain (attach additional sheets as necessary):

Does your child have any allergies? (e.g., insects, seasonal, pets, peanuts, etc.) ☐ yes ☐ no

If yes, explain (attach additional sheets as necessary): _____

Does your child have any disabilities or physical or developmental limitations? ☐ yes ☐ no

If yes, explain (attach additional sheets as necessary): _____

Participant's Primary Physician: _____ Telephone: _____

Are Immunizations current: ☐ yes ☐ no If no, date of next well check _____

CONSENT TO TREATMENT OF PARTICIPANT:

I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Early Learning Program and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. I accept full responsibility for any medical or hospital bills associated with the care of Participant.

LIABILITY WAIVER:

In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant NOT TO SUE or pursue any legal action against, (Church of the Madalene), the Bishop of the Diocese of Tulsa, and the Diocese of Tulsa and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the Early Learning Program, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment to the fullest extent permitted by law.

USE OF IMAGE WAIVER:

I hereby grant the parish and/or the Diocese of Tulsa permission to use my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the parish and/or the Diocese of Tulsa and will not be returned. I hereby irrevocably authorize the parish and/or the Diocese of Tulsa to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the parish and/or Diocese of Tulsa's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I also understand that, should I refuse to initial here, this will not preclude my child from participation. _____(Parent Initial)

COMMUNICATION/SOCIAL MEDIA CONSENT:

I understand that social media (Facebook, Twitter, Google+, etc.) and/or cellular communication (cell phone, texting, Fast Follow) can be a great way to inform my child of events, youth functions, catechetical opportunities, and service projects—if my child has access to any of these media. I acknowledge that these media may be used to inform my child of upcoming events. I hereby grant the parish and/or the Diocese of Tulsa permission to communicate with the participant through social media. I acknowledge that the primary purpose of such communication shall be for providing information related to ministries or events and not for socialization, counseling, or other personal interaction. I also understand that, should I refuse to initial here, this will not preclude my child from participation. _____(Parent Initial)

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this Early Learning Program Application consisting of two (2) pages.

Parent/Legal Guardian Signature _____ Date: _____

OFFICE USE ONLY:

Application _____

Application Fee _____

Snack Supply Fee _____