

## Enrichment Registration

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary: \_\_\_\_\_

Please list allergies: \_\_\_\_\_

St. Thomas the Apostle Episcopal School shall maintain a record of parents and other authorized persons to whom the child may be released.

### NORMAL RELEASE PROCEDURES:

Children will be released only to the authorized people you list on this form. Please inform the school office promptly in writing of any changes.

### EMERGENCY PICK-UP PROCEDURE:

When emergency conditions require that a child be released to a person not identified in the release authorization records, the School shall require the parent's prior approval, which may be submitted by telephone. The parent shall designate the person to whom the child may be released. The person to whom the child is to be released, if unknown by the school, must present their driver's license for the number to be recorded, and sign the Child Pick-Up Authorization form, which shall be retained by the School.

If an individual whom you have not listed on this form is to pick up your child, you must:

- i. Inform the school office and identify the authorized individual,
- ii. Inform this person, if unknown by the School, that they must show their driver's license, and
- iii. Have this individual come into the office to provide their driver's license and sign the authorization form.

### ACKNOWLEDGEMENT BY PARENT(S) *To be completed by all parents:*

Each parent or guardian of the above named child, acknowledges and certifies that he/she has read and fully understands and agrees with the above and foregoing information and procedures

Name (Last, First): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*The following people are authorized to transport my child to and from school:*

Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_