



Seton Summer Spirit

Aug. 10, 11 & 12, 2009
9:00 - Noon

Saint Elizabeth Seton Church
280 Brook Street, Rocky Hill, CT 06067 - phone 529-3222 fax 529-6421
Registration for Children entering Kindergarten - 6th Grade for the 2009-20010 School Year

Child(ren) Registration Form

Parent's Name(s) _____

Address _____ ZIP _____

Phone #'s Home _____ Work _____ Cell _____

In case of Emergency please contact name and phone # _____

Children who will attend:

Name _____ Birthday _____ Grade in Sept 09 _____

Allergies _____

Learning disabilities/ behavioral concerns _____

Other Concerns _____

Children who will attend:

Name _____ Birthday _____ Grade in Sept 09 _____

Allergies _____

Learning disabilities/ behavioral concerns _____

Other Concerns _____

Children who will attend:

Name _____ Birthday _____ Grade in Sept 09 _____

Allergies _____

Learning disabilities/ behavioral concerns _____

Other Concerns _____

Please list the adults who have permission to pick up your children:

Please fill out the Permission Slip on the reverse side of this form

Please return registration form and offering check by dropping in Church box or mail to Church office

Suggested offering per child \$10. 3 or more children \$25.

Junior High, Teens, and Adult Volunteers are what make our program GREAT! We need YOU to sign up today!

Saint Elizabeth Seton Church
Seton Summer Spirit
Parent/ Legal Guardian Permission Slip

Dear Parent or Legal Guardian,

Your son/daughter, is eligible to participate in Seton Summer Spirit. This activity will take place under the guidance and supervision of **The Seton Summer Spirit Teachers.**

Location: Saint Elizabeth Seton Church, 280 Brook Street, Rocky Hill, CT

Dates: August 10, 11, 12, 2009 9:00am -12:00pm

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child(ren) listed on front of this form to participate in this event.

Parent/Guardian Signature

Date

For Medical Release Purposes

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, causes disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for (dates) August 10, 11, 12, 2009. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____

Street _____ Town _____ Zip _____

Home phone _____ cell phone _____ work phone _____

Family Physician _____ phone _____

Specific medical allergies, chronic illnesses or other conditions:

PHOTO PERMISSION

During Seton Summer Spirit we will be taking candid and group photos of everyone as they participate in the various aspects of our faith adventure. These photos may be used for several things:

- Posters and/or CDs to be displayed at Parish Functions at St. Elizabeth Seton Church
- Posted on our Faith Formation Page of the Parish website for St. Elizabeth Seton Church
- Pictures and story of Seton Summer Spirit may be published in The Catholic Transcript.

_____ Yes _____ No I give permission for group and/or individual photos of my child(ren) listed on the opposite side of this form participating in Seton Summer Spirit to be used in the above manner.

Parent/Guardian Signature

Date