Student Information Sheet

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Grade\_\_\_\_\_\_\_

Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name & Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my child permission to walk home. Yes \_\_\_\_ No\_\_\_\_

Name of sibling walking with child (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hamlin Memorial is not responsible for activities conducted off church property or responsible for the child before 5:30pm and after 7:15 pm.

Photo and Video Consent

I hereby authorize Hamlin Memorial Church to publish photographs/videos taken of my child for use in the church’s printed publications and website. I release Hamlin Memorial Church (HMC) from any expectation of confidentiality for the undersigned minor children and attest that I am the parent or legal guardian of the child listed on this form and that I have the authority to authorize HMC to use their photographs/videos and names. I acknowledge that participation in publications and website produced by HMC confers no rights of ownership whatsoever. I release HMC and its employees, trustees, and/or representatives from liability for any claims by me or any third party in connection with the participation of my child.

I Agree to the Consent Above \_\_\_ I Do Not Agree to the Consent Above \_\_\_

Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_