

REGISTRATION FORM
2021-2022

First Presbyterian Church
2619 N. Berkeley Ave, Turlock CA 95382

fpcturlocklearningzone@gmail.com
(209) 632-2324

Student Name(s) _____

Parent/Guardian Information

Name _____

Address _____

Telephone # _____ Email _____

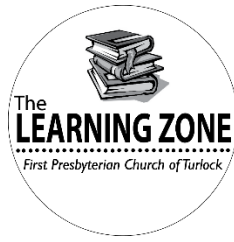
FALL/SPRING Schedule: Please choose when your student would like to attend (Please number by preference 1 or 2):

Tuesday (3:30-5:00 pm) _____ **Wednesday** (4:00-5:30pm) _____ **Thursday** (3:30-5:00pm) _____

Individuals Authorized to Pick Up Student

Anyone picking up a student after tutoring will be asked to show a photo ID. Only individuals authorized in writing by the parent/guardian will be permitted to pick up student.

Name _____
Relationship to Student _____ Phone # _____
Name _____
Relationship to Student _____ Phone # _____
Name _____
Relationship to Student _____ Phone # _____



Student 1 Information

Grade Level _____ Teacher's Name _____ Age _____

Male Female Birth Date _____ School _____

Identify areas of learning needs (circle): **Reading Language Math**

Please identify any learning disabilities, behavior disorders, special school programs, allergies, etc.

Student 2 Information

Grade Level _____ Teacher's Name _____ Age _____

Male Female Birth Date _____ School _____

Identify areas of learning needs (circle): **Reading Language Math**

Please identify any learning disabilities, behavior disorders, special school programs, allergies, etc.

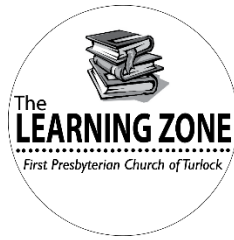
Student 3 Information

Grade Level _____ Teacher's Name _____ Age _____

Male Female Birth Date _____ School _____

Identify areas of learning needs (circle): **Reading Language Math**

Please identify any learning disabilities, behavior disorders, special school programs, allergies, etc.



Photography Permission

I hereby give permission to FPC Learning Zone to take photos of my son(s)/daughter(s):

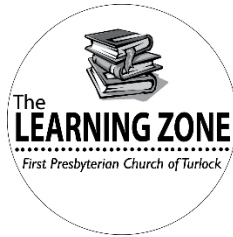
Name _____

Name _____

Name _____

For the sole purpose of promoting the program within the classrooms, church's monthly newsletter, church website, and tutoring brochures.

Parent Signature _____ **Date** _____



2021-2022 Medical Form

MINOR INFORMATION (please print)

Full Name of Minor(s): _____

(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)

HEALTH / DENTAL INSURANCE INFORMATION

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Phone Number: _____

Dental Insurance Company: _____

Policy Number: _____ Group Number: _____

Phone Number: _____

EMERGENCY CONTACT INFORMATION

In an emergency, please notify one of the following:

1) Name: _____ Relationship to Minor: _____

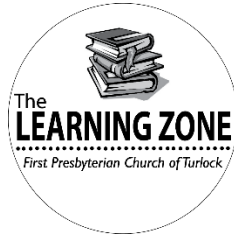
Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone/Pager: _____

2) Name: _____ Relationship to Minor: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone/Pager: _____



MEDICAL HISTORY – Student #1

Has minor had all school-required vaccinations? Yes No Date of last tetanus shot: _____

Does minor have a communicable disease or medical condition that may be a risk to others? Yes No If Yes, Please describe:

Does Minor have any food allergies? Yes No If Yes, Please describe: _____

Please list the name, dosage, and purpose of medications currently being taken by Minor: _____

Please describe any special considerations regarding Minor (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc):

MEDICAL HISTORY – Student #2

Has minor had all school-required vaccinations? Yes No Date of last tetanus shot: _____

Does minor have a communicable disease or medical condition that may be a risk to others? Yes No If Yes, Please describe:

Does Minor have any food allergies? Yes No If Yes, Please describe: _____

Please list the name, dosage, and purpose of medications currently being taken by Minor: _____

Please describe any special considerations regarding Minor (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc):

MEDICAL HISTORY – Student #3

Has minor had all school-required vaccinations? Yes No Date of last tetanus shot: _____

Does minor have a communicable disease or medical condition that may be a risk to others? Yes No If Yes, Please describe:

Does Minor have any food allergies? Yes No If Yes, Please describe: _____

Please list the name, dosage, and purpose of medications currently being taken by Minor: _____

Please describe any special considerations regarding Minor (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc):

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent or legal guardian of

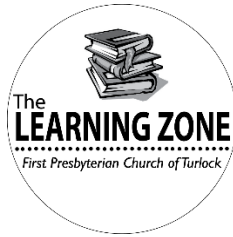
_____ (“Minor”), each of the undersigned gives his or her authorization and consent for the First Presbyterian Church of Turlock, CA and the Church’s adult employees, agents, and volunteers (collectively with the Church, the “First Presbyterian Church of Turlock Parties”) to seek, authorize, and consent to such medical or dental care for Minor (“Treatment”) as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. Every effort will be made to contact one of the signers of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be photocopy hereof shall be as valid as an original copy.

Each of the undersigned acknowledges and agrees that the First Presbyterian Church of Turlock Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor’s participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the First Presbyterian Church of Turlock Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any First Presbyterian Church of Turlock Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: * _____ Signature: _____ Date: _____

Name: * _____ Signature: _____ Date: _____

** Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment, and only a person who signs will be considered a legal custodian of Minor.*



Medical Form

CONSENT AND DISCHARGE OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring from July 1st 2021 through September 30th 2022, and to be transported by an employee, agent, or volunteer (an "Agent") of the First Presbyterian Church of Turlock, CA in case of an emergency.

In consideration of the student being allowed to participate in the Program:

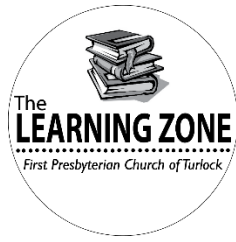
1. I understand that the church and its volunteers will exercise their judgment in supervising the student and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible for the student to be injured or become ill during the activities. In consideration of sponsoring, organizing and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend, and hold harmless the Church and any of its Agents, employees or volunteers (collectively, the "First Presbyterian Church of Turlock Parties") from and against any and all losses, damages, liabilities, or expenses that arise out of or result from the Student participating in the Program.
2. I understand and agree that the Student may be sent home at my expense if any Agent, employee or volunteer determines that the Student has: engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity

Name (please print) _____ Signature _____ Date _____

Parent/Legal Guardian

Please attach a copy of your student's insurance card (front and back) to this form:

Student #1 Front of Card	Student #2 Front of Card	Student #3 Front of Card
Student #1 Back of Card	Student #2 Back of Card	Student #3 Back of Card



June 10, 2021

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend extra safety precautions for unvaccinated or at risk individuals. We are doing, and will continue to do, everything we can to be compliant with all regulations to ensure the safety of our students and volunteers. We have put in place the preventative measures listed below to help reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

- Stay Home when sick or when a COVID test is pending results
- Monitoring of COVID 19 symptoms
- Practicing Physical Distancing
- Wearing Face Coverings (as appropriate and necessary)
- Increased Use of our Outdoor Space
- Increased Hand sanitization and hand washing during and after activities

By participating in programs, services, and activities of First Presbyterian Church of Turlock, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge and hold harmless First Presbyterian Church of Turlock, its employees, agents, representatives, of and from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to your participation in our programs or activities. You understand and agree that this release includes any claims based on the actions, omissions or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in such programs, service or activity.

Parent/Guardian Signature _____ Date _____

Student Names _____