



## Lights...Camera...Action at ECA – Registration Form

If you would like to register your child/ren for this enrichment drama class at ECA (The Episcopal Church in Almaden) please complete the following information:

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone 2: \_\_\_\_\_

Email address preferred to receive updates: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

1. **Child's Preferred Name to be called:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Does your child have any special needs that we should be aware? \_\_\_\_\_yes \_\_\_\_\_no

Please explain \_\_\_\_\_

2. **Child's Preferred Name to be called:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Does your child have any special needs that we should be aware? \_\_\_\_\_yes \_\_\_\_\_no

Please explain \_\_\_\_\_

### Computation of your costs:

**Lights...Camera...Action** \$60 for one child \$80 for two \$ \_\_\_\_\_

Dates: April 4, 18 & 25, May 2, 9 & 16. Performance May 18.

**Make your check payable to:** ECA (The Episcopal Church in Almaden) and please note on the memo line **Lights...Camera...Action**. Please check dates to be sure you can attend the required Saturday event.

**Mail or deliver your registration form and check to:** 6581 Camden Ave. San Jose, 95120.  
Registration is only secured by payment and a completed registration form.

**A medical release form is also needed.** We will keep this form on file for the remainder of 2019. A new form is required each calendar year.

**A Photo Permission Release** is also required. If you do not have one on file already with us, you will be required to complete one on the day of your child's first drama class.

**The Episcopal Church in Almaden – 6581 Camden Ave. San Jose, CA 95120 – 408-268-0245**

**Children and Youth Programming Medical Release  
Episcopal Church in Almaden  
2019 Programs**

I give my permission for my child/children (list their names) \_\_\_\_\_  
to participate in the Children and Youth Programming at the Episcopal Church in Almaden (ECA). In the  
event of an emergency, I may be reached at:

Phone Number: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Other emergency contact persons:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health/Hospitalization Insurance: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

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

In the event of an emergency where medical treatment is required, and I or named contacts are unable  
to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a  
licensed physician. Please attempt to notify me immediately concerning any such emergency.

Please list any allergies, medications, or other medical information needed in an emergency situation  
for your child(ren).

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\_\_\_\_\_ Yes, I have this information already on file with ECA for 2019 and have not changed  
any of our medical information since first completing this form.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

We will keep this form on file for the year stated above. We will require a new form each year.  
We will request such a form from you at registration of the first program that your child or  
children register during any given year. This form will remain in effect for the calendar or until  
such time you need to change the form due to a change in your insurance. On future  
registration forms you will be required to acknowledge that your insurance plans have not  
changed during that calendar year.