

# “TINY TIKES” 3 & 4 Yr. Old's Bible School Program

Parent Email: (PRINT CLEARLY) \_\_\_\_\_

Child's Name (first, middle, last) \_\_\_\_\_

Date of Birth (month/date/year) \_\_\_\_\_ Age \_\_\_\_\_

Circle one: Child lives w/ **Both Parents** **Mom** **Dad** **Guardian** **Other** \_\_\_\_\_

Child's Address: \_\_\_\_\_

Mother's Name (first, maiden, last) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please list other children in PREP Program:**

Childrens' Names and Grades: \_\_\_\_\_

**Stewardship Opportunity: Would you be interested in teaching or assisting with a class? Y or N**

## MEDIA RELEASE FORM

**YES** \_\_\_ St. Margaret Mary Parish Religious Education Program has my permission to use my child(ren)'s name, photograph, artwork and/or videotaped image in church, parish publications, video productions, and/or parish internet websites.

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

**NO** \_\_\_ St. Margaret Mary Parish ***Does Not*** have permission to use my child(ren)'s name, photograph, artwork and/or videotaped image in church, parish publications, video productions, and/or parish internet websites.

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

## EMERGENCY INFORMATION

**Does your child have any food allergies/other allergies we should be aware of? Y or N**

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

***If Yes: What SPECIFIC snacks like Oreos, gummies, etc. can they safely eat for special gatherings?***

\_\_\_\_\_

**Does your child take any medications or have any medical conditions that we should be aware of? Y or N**

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

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

**In case guardian cannot be reached, who should be called? My emergency contact has permission to pick my child up as needed.**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Registration Fee: \$15 per Tike to offset fees for supplies and materials**

Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

**Contact: Tara Mattingly-Children's Faith Formation, tmattingly@stmm.org**