

JERSEY

**SHORE BAHÁ'Í SCHOOL REGISTRATION FORM**

Student's Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student's Grade Level in School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
*Name dayphone email address*

\_\_\_\_\_  
*Name dayphone email address*

**Who is authorized to pick your child up from classes?**  
*Only those individuals listed below will be allowed to pick your child up after class.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Consent**

I, the undersigned parent or guardian of \_\_\_\_\_ a minor, do hereby authorize \_\_\_\_\_ Bahá'í School, or its designated representative, as agents of the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act. This authorization shall remain effective from \_\_\_\_\_ [date] to \_\_\_\_\_ [date], when my child is attending the [weekly/daily/monthly, etc] classes of the \_\_\_\_\_ Bahá'í School.

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

Emergency Contact Name and Telephone: \_\_\_\_\_

Family Physician Name and Telephone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_