

First Name:	Middle Name:	Last Name:	Preferred Name:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:			City:	State:	Zip Code:
Home phone:			E-mail(s):		
Parent Name:	Occupation/ Employer:		Work #:	Cell #:	Daytime #:
Parent Name:	Occupation/ Employer:		Work #:	Cell #:	Daytime #:
Are you a member of the Greek Orthodox Church of Greater Salt Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother(s) <input type="checkbox"/> Father(s) <input type="checkbox"/> Other:					
Other Siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list below)					
Name:				Age:	Sex:
Name:				Age:	Sex:
Name:				Age:	Sex:
Pediatrician's Name:				Phone:	
Are there any health concerns (asthma, allergies, sensitivities, chronic medical conditions etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Are there instructions for special or non-routine daily health care or any other special health instructions for the caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Are there necessary medications your child is currently taking that the staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Persons, other than parents, and their relationship to the family, who may be contacted in case of an emergency:					
Name:	Address:		Phone #:	Cell Phone #:	
Name:	Address:		Phone #:	Cell Phone #:	

Name:	Address:	Phone #:	Cell Phone #:
Out of area / state contact in case of an emergency in our local area :			
Name :	Address:	Phone #:	Cell Phone #:
Please list people that are designated to pick up your child and THEIR RELATIONSHIP TO THE FAMILY. Parents need to notify the school office in writing as soon as there is a change in the list.			
Name:	Address:	Phone #:	Cell Phone #:
Name:	Address:	Phone #:	Cell Phone #:
Name:	Address:	Phone #:	Cell Phone #:
Name:	Address:	Phone #:	Cell Phone #:

Regarding my child _____, a student at Saint Sophia School located in Salt Lake County, State of Utah I have read and by signing grant permission for:

1. Authorization and appointment of the Executive Director of Saint Sophia School, any member of the Board of Saint Sophia School, and any Saint Sophia school teacher or a staff member, as my lawful attorneys-in-fact to secure such emergency medical and other assistance for my child as they or either of them shall deem necessary in the event they or either of them are unable to reach the following individuals at the indicated telephone numbers:
 - a. Name: _____ Cell/ phone: _____
 - b. Name: _____ Cell/ phone: _____
 - c. Name: _____ Cell/ phone: _____
 - d. Name: _____ Cell/ phone: _____

2. In case of an emergency or serious illness and the parents cannot be reached immediately, Saint Sophia School is authorized to obtain emergency medical care which may involve transportation though Emergency Medical Services for my child.

Page 3