

PEACE LUTHERAN CHURCH SUNDAY SCHOOL REGISTRATION FORM

FAMILY SURNAME: _____

CHILD'S NAME:	AGE:	GRADE/SS:	MEDICAL/ALLERGIES/SPECIAL NEEDS:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SECOND PARENT/GUARDIAN NAME (IF APPLICABLE): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT (IF PARENT CANNOT BE REACHED): _____

RELATIONSHIP: _____ PHONE _____

Would you like to help with Sunday School?

Yes, as a teacher Yes, to help in a classroom when needed Not at this time

AS THE PARENT OR GUARDIAN, I GIVE MY PERMISSION FOR MY CHILD(REN) TO BE PHOTOGRAPHED AND/OR VIDEOTAPED WITH THE UNDERSTANDING THAT THE PHOTOGRAPHS/VIDEO MAY BE USED FOR DISPLAY WITHIN THE CHURCH, VIDEO PRESENTATIONS, PUBLICITY, ETC. BY PEACE LUTHERAN CHURCH AND ITS REPRESENTATIVES.

I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PEACE LUTHERAN CHURCH SUNDAY SCHOOL PROGRAM AND ACTIVITIES. I RELEASE PEACE LUTHERAN CHURCH AND ITS PASTORS, STAFF AND VOLUNTEERS, FROM ALL LIABILITY. IN THE EVENT OF INJURY OR ILLNESS, I AUTHORIZE THE PERSON IN CHARGE TO ALLOW WHATEVER MEDICAL TREATMENT HE/SHE DEEMS NECESSARY.

PARENT/GUARDIAN PRINT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____