



## 2023-2024 Sunday School Registration Form

1st Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ First Communion Date: \_\_\_\_\_

2nd Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ First Communion Date: \_\_\_\_\_

3rd Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ First Communion Date: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Person(s) authorized to pick up from Church Activities: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are there any medications taken on a regular basis? Circle one YES or NO

Does this medication need to be taken during meeting times or activities? If yes, please explain:

\_\_\_\_\_



Are there any restrictions or special needs related to physical activity?    YES    or    NO

If yes, please explain: \_\_\_\_\_

Any Allergies or Health Conditions: \_\_\_\_\_

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

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### **PHOTOGRAPH RELEASE**

I give consent for my child, \_\_\_\_\_,

to be photographed, videotaped and/or audio recorded by St. Mary's Lutheran and their respective representatives. I understand that these recordings may be used in church literature such as newsletters, brochures, presentations, on social media pages, and on the church websites.

**Signature of Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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### **PARENTAL PERMISSION FOR TRANSPORTATION (If required for the event(s))**

I understand and agree that I will not hold St. Mary's Lutheran liable for any injuries my child may sustain while being transported by volunteer drivers to and from events

**Signature of Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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### **PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In case of a medical emergency, I understand every effort will be made to contact the parents or guardians of the youth. In the event I cannot be reached, I hereby give permission to the medical examiner selected by St. Mary's Lutheran to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named on this form.

**Signature of Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_