

St. Paul Evangelical Lutheran Church
SUNDAY SCHOOL PROGRAM

Family Registration Form for 2010-2011

(Complete one per family. This information may be shared with teachers and other volunteers in education, youth, and children's programs at St. Paul.)

Family Information:

Parent(s) Names: _____

Address: _____

Parent Phone: _____ Alternate Phone: _____ **This is my**
cell office other: _____

Parent Email Address: _____

Where can you be reached while your student is at Sunday School?

- Teaching Sunday School (location: _____)
- At the adult educational forum
- Attending Parents Together
- Elsewhere in the church (Please indicate where: _____)
- Away from church (Phone # where you can be reached: _____)

Child Pick Up

Who may pick up your child(ren) from a church event: (Volunteers may ask for identification before releasing child to an adult.)

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

PHOTOTGRAPHY RELEASE STATEMENTS

I give permission for staff and volunteers to take photographs of my child(ren) during church events, and to use them in the church building for publicity, classroom decorations, and on bulletin boards.

Parent Signature Date

I give permission for photographs of my child to be used for church publicity in publications and online. I understand that children are never identified by name on the church website. Students with Facebook accounts may tag themselves in photos and responsible for their own privacy settings through Facebook.

Parent Signature Date

Student Information

Child Information	Does this child have any allergies to food or medications? Please list.	Other special needs or information teachers would find helpful:
Name: Birthdate: Age: Grade: School: Student Email:		
Name: Birthdate: Age: Grade: School: Student Email:		
Name: Birthdate: Age: Grade: School: Student Email:		
Name: Birthdate: Age: Grade: School: Student Email:		
Name: Birthdate: Age: Grade: School: Student Email:		

PARENTAL CONSENT FORMS September 2010- August 2011

Please complete one form for each child

(These consent forms will be kept on file at St. Paul Lutheran Church for no more than 1 year. In the event of an emergency, this form may be shared with emergency medical personnel.)

STUDENT NAME _____ GRADE _____ AGE _____ BIRTHDATE _____

PARENT(S) _____ PHONE _____ this is my: home cell other

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

To Whom It May Concern:

The undersigned does hereby give permission for my/our child, _____ to attend and participate in activities sponsored by St. Paul Ev. Lutheran Church . I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment or hospital care, to be rendered to the minor under the general or special supervision of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital. I (we) understand that in the event of an emergency every effort will be made to contact a parent before action is taken

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the forenamed child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult, in whose care the minor has been entrusted, while attending and participating in activities sponsored by St. Paul Ev. Lutheran Church.

Hospital Insurance Yes No Insurance Company _____ Phone _____

Policy Number _____

Child's Doctor _____ Phone _____

Date of Last Tetanus Shot _____ Is Child up to date on all vaccinations? Yes No

Alternate Emergency Contact Numbers (include relationship to child)

Please list any medical conditions, medications your child takes on a regular basis, and/or allergies your child has. (Use back side if more space is needed.)

Parent Signature

Date