

SUNDAY SCHOOL REGISTRATION
2022-2023 Academic Year • St. John's Lutheran Church

Household LAST Name: _____ FIRST Name: _____

Telephone Number: _____ Cell Phone Number: _____

Primary E-Mail: _____

Complete Mailing Address: _____

1. Child's Name: _____ Birth date : _____ Entering Grade ____ in September 2022.

Known allergies or other medical concerns: _____

Anything your Sunday School teacher should know about your child as a learner: _____

2. Child's Name: _____ Birth date : _____ Entering Grade ____ in September 2022.

Known allergies or other medical concerns: _____

Anything your Sunday School teacher should know about your child as a learner: _____

3. Child's Name: _____ Birth date : _____ Entering Grade ____ in September 2022.

Known allergies or other medical concerns: _____

Anything your Sunday School teacher should know about your child as a learner: _____

4. Child's Name: _____ Birth date : _____ Entering Grade ____ in September 2022.

Known allergies or other medical concerns: _____

Anything your Sunday School teacher should know about your child as a learner: _____

Where will you be during Sunday School each week? If not at church, please include a phone number of where you can be reached: _____

My son/daughter has permission to engage in all activities of St. John's Lutheran Church, except as noted in writing by myself. In the event I cannot be reached in an emergency, I hereby give the staff and/or volunteers permission to secure medical treatment for my son/daughter and make emergency decisions on my behalf. I will assume all costs for medical care received by my son/daughter. I voluntarily waive any claim against St. John's Lutheran Church, staff, or volunteers for any mishap or lost articles, or any and in all causes that may arise in connection with activities affiliated with St. John's Lutheran Church, and consent to use the use of photographs or video of my son/daughter in church presentations, publications, social media, or website. The above shall be in effect for activities both at, and apart from, the facilities of St. John's Lutheran Church. This form may be photocopied for use in activities apart from St. John's Lutheran Church and said photocopies shall be considered valid authorization for the issues stated above.

In case of emergency,

Contact: _____ Relationship: _____ Telephone #: _____

Child's Physician: _____ Telephone #: _____

Signature of Legal Parent/Guardian

Date