

**St. John's Lutheran Church**  
**Sunday School Registration**  
**2020-2021 - Academic Year**

Household LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Primary E-Mails: \_\_\_\_\_

Children: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Entering Grade \_\_\_\_\_ in Sept. 2019.

Known allergies or other medical concerns: \_\_\_\_\_

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

2. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Entering Grade \_\_\_\_\_ in Sept. 2019.

Known allergies or other medical concerns: \_\_\_\_\_

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

3. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Entering Grade \_\_\_\_\_ in Sept. 2019.

Known allergies or other medical concerns: \_\_\_\_\_

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

4. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Entering Grade \_\_\_\_\_ in Sept. 2019.

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