

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 (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 volunteer to help with Sunday School:

_____ *Teacher* _____ *Substitute Teacher* _____ *Classroom Helper* _____ *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 PHOTORGRAPHS/VIDEOS MAYBE 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 PREACH LUTHERAN CHUCH 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:** _____