

2018-2019 SUNDAY SCHOOL REGISTRATION

CHILD INFORMATION

Name: _____ Date of Birth: _____
Grade in September, 2018: _____ School Attending: _____

Special information about student: Please include food allergies and any medical or family information which would help the teacher to understand your child's need: _____

PARENT INFORMATION

Mother: _____ Father: _____
Address: _____ Address: _____
Home #: _____ Home #: _____
Cell #: _____ Cell #: _____
E-Mail: _____ E-Mail: _____

Zion Photo Release: *By signing below, I am providing consent to Zion Evangelical Lutheran Church to include my child's photograph in Zion's newsletter, on the church's website or the church's bulletin boards, which are used to promote Sunday School programs and other church activities.*

(Signature of Parent)

HEALTH INFORMATION AND EMERGENCY MEDICAL AUTHORIZATION

List Medical/Allergy Concerns for Child:

In the event that there is a medical emergency for my child please reach me at the following phone numbers:

Should the situation warrant it and/or I cannot be reached at the above contact information, I hereby authorize a 911 call for an ambulance to transport my child to the following hospital:

Signature: _____

Print Name: _____