

Christ Lutheran Church Sunday School Registration 2011-2012

Child's Name: _____ Grade / School _____
Birthdate: _____ Age: _____ Date of Baptism _____
Does your child have any allergies? (please list.) _____
Anything special about your child that their teacher should know? _____

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Parents' Names: _____
Email Address(es): _____
Address _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency Contact Information: _____ Phone: _____
Who is authorized to pick up child/children from class? _____

Medical Release Form - Parent / Guardian please read and sign below:

I, _____ parent/legal guardian of

_____ understand that in the event of an emergency, or if any medical treatment becomes necessary for my child/children (as listed above), I grant those in charge of the Children's Ministry at Christ Lutheran Church my permission to authorize medical attention as recommended by a licensed physician.

Parent/Guardian Signature _____
Date _____

Physician's Name _____
Physician's Phone Number _____

