

## 2018-2019 Confirmation and Sunday School Registration Form

*Please complete one per family and return it to the church office*

### GENERAL INFORMATION

1) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ School attending: \_\_\_\_\_

2) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ School attending: \_\_\_\_\_

3) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ School attending: \_\_\_\_\_

4) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ School attending: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parents' name(s): \_\_\_\_\_

Phone number, day: \_\_\_\_\_ Evening: \_\_\_\_\_

Dad's cell: \_\_\_\_\_ Mom's cell: \_\_\_\_\_

Dad's Email: \_\_\_\_\_ Mom's Email: \_\_\_\_\_

### CONSENT

I/We hereby grant permission for these students to participate in all Sunday school/confirmation activities, including off-site events. I/We retain the responsibility for any and all bodily injury, loss, or damage of personal property.

I/We hereby authorize the assigned Sunday school/confirmation personnel to seek medical treatment for my child(ren) if necessary, making every attempt to contact parents/guardians as soon as possible.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact other than parent:

Name and phone number: \_\_\_\_\_

Name and phone number: \_\_\_\_\_

**Please complete the other side.**

**MEDICAL INFORMATION**

Name of primary care physician: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

1) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current authorized prescription drugs: \_\_\_\_\_

Any physical limitations, current infectious diseases, or any special health/behavioral concerns: \_\_\_\_\_

2) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current authorized prescription drugs: \_\_\_\_\_

Any physical limitations, current infectious diseases, or any special health/behavioral concerns: \_\_\_\_\_

3) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current authorized prescription drugs: \_\_\_\_\_

Any physical limitations, current infectious diseases, or any special health/behavioral concerns: \_\_\_\_\_

4) Student's name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current authorized prescription drugs: \_\_\_\_\_

Any physical limitations, current infectious diseases, or any special health/behavioral concerns: \_\_\_\_\_

**RELEASE**

Besides mother/father previously named, please list below the people to whom your child may be released:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**SOCIAL MEDIA**

Please check the appropriate line and sign below:

\_\_\_\_ I will allow my child's picture to be on Immanuel's Facebook page/website including his/her name.

\_\_\_\_ I will allow my child's picture to be on Immanuel's Facebook page/website **NOT** including his/her name.

\_\_\_\_ **No** pictures of my child on Immanuel's Facebook page/website.

\_\_\_\_ I will allow my child's picture to be published in Immanuel's *Parish Life* including his/her name.

\_\_\_\_ I will allow my child's picture to be published in Immanuel's *Parish Life* **NOT** including his/her name.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_