

SUNDAY SCHOOL REGISTRATION

DATE _____ SCHOOL YEAR _____

CHILD'S FULL NAME: _____

IS CHILD BAPTIZED: _____ BAPTISM DATE: _____

MALE/FEMALE: _____ GRADE: _____ SCHOOL: _____

AGE: _____ DATE OF BIRTH: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CHILD LIVES WITH WHOM: _____

ALLERGIES/MEDICAL CONDITIONS: _____

MEDICATIONS: _____

My child has permission to participate in all Sunday School activities during the current school year. We also give permission for emergency medical treatment of these children in case of illness or accident. We further understand that we are financially responsible for the medical expenses on behalf of our children.

SIGNED: _____ DATE: _____

IF POSSIBLE, A \$10 DONATION PER CHILD (MAXIMUM OF \$25 PER FAMILY) WOULD BE APPRECIATED.

Photograph Release Form

Dear Parent,

At Our Savior's Lutheran Church, we often have the opportunity to take photos of children and young adults engaged in our activities. We would like to request your permission to use such photos of your child in our publications, on our web site, and in other communication vehicles that promote our congregation. Many times names will not be used, and if they are, only first names will be published.

Please fill out this form to give your consent. Thank you very much.

Child's Name: _____

Parent's Name: _____ Phone: _____

Permission is granted for Our Savior's Lutheran Church to use photographs of my child to illustrate the activities of our institution in communications such as, but not limited to: website, print advertising, media relations, and other publications.

Signature

Date