

**St. John's Evangelical Lutheran Church  
Sunday School 2017/2018 Registration Form**

Please complete and sign this registration. **Please indicate preschool and kindergarten in the following ways: 3 years old: P3; 4 years old: P4; kindergarten: K.** Thank you.

**PART 1: STUDENT INFORMATION**

**Name** \_\_\_\_\_ **Grade in Fall 2017** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**PHONE AND EMAIL** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**People authorized to pick child up from class (other than parents):**

\_\_\_\_\_

**Special Needs (disabilities, food allergies, etc)**

\_\_\_\_\_

**PART 2: EMERGENCY INFORMATION**

In case of emergency, who can we contact if parents are unavailable?

**Name and phone** \_\_\_\_\_

**PART 3: VOLUNTEER INFORMATION**

\_\_\_\_\_ **I would like to help with Sunday school or in the nursery**

**Please indicate age or grade** \_\_\_\_\_

**PART 4: PHOTO RELEASE**

St. John’s takes pictures of students during special occasions, such as holidays, Rally Day, field trips, etc. Do you give your permission for us to use your child’s picture in the following ways? Please indicate by initialing on the lines.

\_\_\_\_\_ **posters displayed in church**

\_\_\_\_\_ **in the church newsletters, website, or in the announcements**  
\_\_\_\_\_ **during the church services**

\_\_\_\_\_ **St. John’s can use my child’s first and last names with the photos**

**PART 5: MEDICAL RELEASE**

In case of a medical emergency, I give my consent for my child to be transported to the nearest hospital, and for the attending physician to administer any necessary medical treatment. I give St. John’s education staff permission to administer basic first aid (band-aids) to my child. Please note: The education staff will not administer any medication without written consent from the child’s parents on the day the medication is to be administered. Whenever possible, please give your child any needed medications before bringing them to class. If your child has been issued an Epi-Pen, please note this under **Special Needs** above.

**Health Care Carrier** \_\_\_\_\_

**PART 6: PLEASE SIGN AND DATE BELOW**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_