

CLC 2016-2017 Sunday School Registration

Name of Child _____

Likes to be called: _____

Age _____ Date of Birth _____ Grade entering _____
In the fall

Address _____

Email Address _____

Home phone _____ Cell phone _____ *preferred phone

Parent's church affiliation _____

Emergency Contact/relationship _____

Emergency Contact Phone Number _____

Please list any medical conditions or allergies that the Sunday school leaders will need to know (medicine or food allergies, medical conditions, etc.)

In case of emergency, and parent/guardian cannot be reached, Sunday school leaders are authorized to take my child to the hospital for emergency care.

Name(s) of Parent or guardian _____

Signature of Parent(s) or guardian _____

Please use the other side of this form to share information that will help us enable your child to have the best experience. Please bring to our attention any special needs or considerations.

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Christ Lutheran Church, its employees or representatives, to take and use: (check all that apply:) ___ photographs/digital images ___ videotape of **my child** for use in promotional or educational materials. My child's name and identity: ___ may be revealed ___ may **not be** revealed in descriptive text or commentary in connection with the image(s).

_____ (Date) _____
(Signature of Parent or Guardian)

I am willing to assist the program in the following area _____