

Calvary Lutheran Church

Sunday Christian Education

Registration and Parent Covenant
2010-2011 School Year

Family Last Name (s):

<u>FIRST NAME, MIDDLE INIT.</u>	<u>NICKNAME</u>	<u>GENDER</u>	<u>BIRTHDATE</u>	<u>AGE</u>	<u>CLASS (circle)</u>
_____	_____	M F	___/___/___	_____	First Steps P3 P4 K 1 2 3 4 5
_____	_____	M F	___/___/___	_____	First Steps P3 P4 K 1 2 3 4 5
_____	_____	M F	___/___/___	_____	First Steps P3 P4 K 1 2 3 4 5
_____	_____	M F	___/___/___	_____	First Steps P3 P4 K 1 2 3 4 5

Child(ren)'s Primary Address:

Address _____ City/Zip _____

E-mail _____

Mother _____
 Name home phone # work phone # cell phone #

Father _____
 Name home phone # work phone # cell phone #

Legal Custody (circle): Both parents Mother Father Guardian (name) _____

Adults other than the Parent(s)/Guardian who are authorized to pick up the child:

Name/Relationship to child _____

Name/Relationship to child _____

Please circle the worship service your family normally attends:

Saturday 5:00 PM Sunday 8:15 AM Sunday 10:45 AM

Calvary Lutheran Church

Child Health & Behavioral Information

In case of emergency if the parent cannot be contacted, please contact:

Name _____ home phone # _____ cell phone # _____

In order to better serve your child(ren) and communicate important information to the volunteers working most directly with your child(ren), please provide information on the following:

Name & Grade of Child	1.	2.	3.	4.
Medical Conditions & Allergies:				
Behavioral Concerns & Information:				
Learning Concerns & Information:				
Significant Life Happenings:				

We would like to make your child's experience in Sunday School as positive as possible. Would you like to speak with the Director of Youth & Children's Ministries about how we can assist your child with any special needs?

Phone number or email: _____ Best time to call: _____

I consent to the use of any photography and/or video of my child in current or future congregation publications or presentations. _____
Initial

MEDICAL-SURGICAL RELEASE: My child has permission to take part in all activities under supervision, and I agree that Calvary Lutheran Church and their personnel will not be held responsible for accidents or personal injury arising there from. I hereby give permission to the staff of Calvary Lutheran Church to use whatever emergency measures are judged necessary for the care and protection of my child while attending the program, including the arrangement of necessary transportation and securing proper medical treatment. In addition, I hereby give consent for emergency medical care or treatment to be used only if I cannot be reached immediately. It is also understood that in some medical situations the staff may need to contact the local emergency personnel prior to notifying parent(s), guardian, child's physician and/or other adult(s) listed as the emergency contact. I understand that the congregation does not provide medical insurance.

Parent/Guardian Signature _____ Date ____/____/____