

2008 Sunday School Registration

ABOUT THE PARTICIPANT

Name _____ '08-09 Grade _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

School _____ E-Mail _____

Allergies (Food or other) _____

ABOUT THE FAMILY

Mom's Name _____ E-Mail _____

Cell Phone _____ Work # _____

Dad's Name _____ E-Mail _____

Cell Phone _____ Work # _____

EMERGENCY

In the rare case that we can not reach you during an emergency, who should we contact?

Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

PICTURE PERMISSION:

Through various events, we will take pictures of children & youth for historical, scrap booking, church publications, as well as for use on the church web site. Please indicate below by checking those areas that you give us permission to use your child's picture for. ****Please Note: we never put pictures of individual children, nor their names on the web site.**

- Historical References Family Ministry Scrap Booking Church Web Site (without names)
 Church Publications (could be things like the newsletter, brochures, Vista newsletter, etc.)

PERMISSION & SIGNATURES

I give Staff and approved Volunteers of Christ Lutheran Church permission to medically treat my child in the event of an emergency. I understand that routine first aid may be given as needed, and that in the case of a serious accident staff and volunteers may need to make medical decisions until I can arrive. I understand that all efforts will be made to contact the parents/legal guardians should such a situation arise. I do not hold Christ Lutheran Church, it's staff, nor the volunteers liable for any accidents. Everything on this form is accurate to the best of my knowledge. If this information changes, I recognize that it is my responsibility to notify the church office of the change, and will do so.

Parent/Guardian Printed Name _____

Signature _____ Date _____