



# Lake Edge Lutheran Church

## Sunday School Registration

### 2017-2018

*Please complete a separate form for each child participating in Sunday School*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Has child been baptized?  yes  no If yes, baptism date: \_\_\_\_\_

Grade in 2017-18 school year:  4K/preschool  
 Kindergarten  
 1<sup>st</sup> grade  
 2<sup>nd</sup> grade  
 3<sup>rd</sup> grade  
 4<sup>th</sup> grade  
 5<sup>th</sup> grade

Parent/Guardian name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_  cell  home  other (specify)

Alternate phone: \_\_\_\_\_  cell  home  other (specify)

Parent/Guardian name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_  cell  home  other (specify)

Alternate phone: \_\_\_\_\_  cell  home  other (specify)

Please describe child's living situation (with two parents, shared custody, foster care, etc):

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Emergency Contact (if parent/guardian cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Please note any allergies to food, art supplies, or other items likely to be used at Sunday School:

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- I give permission for photos or videos of my child to be used in print and online publications of Lake Edge Lutheran Church, including but not limited to the monthly newsletter (Dialogue), the church website, and the Facebook page.

Parent/guardian name (printed): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

- In the event of an emergency, I consent to have my child given emergency medical treatment as needed until I can be reached.

Parent/guardian name (printed): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note relevant medical conditions (such as asthma or diabetes) or allergies to medication:

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Preferred hospital or clinic: \_\_\_\_\_