



Lake Edge Lutheran Church

Sunday School Registration

2018-2019

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 2018-19 school year: 4K/preschool
 Kindergarten
 1st grade
 2nd grade
 3rd grade
 4th grade
 5th 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):

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:

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:

Preferred hospital or clinic: _____