

# 2011 - 2012 Luther Memorial Sunday School Registration Form

Child's Name (First & Last)	Prefers to be called	Age (as of 9/1/11)	Grade	M / F
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## Contact Information

Parent / Guardian #1 Name	Parent / Guardian #2 Name
Address	Address
City ST Zip	City ST Zip
Email	Email
Home Number	Home Number
Cell Number <u>Y / N</u> Do you text?	Cell Number <u>Y / N</u> Do you text?

Preferred contact: Phone - Hm or Cell / Email / Text / FB Preferred contact: Phone - Hm or Cell / Email / Text / FB

## Emergency Contact Information - In case of an emergency:

- I am usually in the building during the education hour, please try to find me first.
- I am usually at home during the education hour, please call me.

If parents cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical Information

Does your child have any allergies or other medical conditions of which we should be aware?

\_\_\_\_\_ Yes (If yes, please explain on back of form) \_\_\_\_\_ No

Does your child have any diagnoses or history of behavioral or learning concerns about which we should be informed?

\_\_\_\_\_ Yes (If yes, please explain on back of form) \_\_\_\_\_ No

Insurance Co. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Insured: \_\_\_\_\_

- OVER -

## **Parent/Guardian Covenant**

As parent(s)/guardian(s), I understand that I/We have the primary responsibility to help my child(ren)'s faith grow. This responsibility can only be fulfilled through a partnership between the congregation and the home. Therefore, I/We promise to make a conscientious effort to ensure that my/our child(ren) attends both Sunday School and worship regularly, and to work to reinforce their learning and growth at home. I/We promise to learn alongside my/our child(ren) and to seek out opportunities for us to strengthen our faith as a family through prayer, devotions and service.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Volunteer / Service Opportunities**

Worshipping together and joining in service opportunities together help to strengthen faith development among children and youth and it also serves to strengthen the family. A family that serves together GROWS TOGETHER! At Luther Memorial, we have many opportunities for you and your family to help and serve. Please designate which areas you would be interested in helping and that coordinator will call you to schedule your help.

Lesson Reader	Communion Assistant	Usher	Altar Guild (training provided)	Audio / Video Operator (training provided)
Sunday School Teacher	Sunday School Opening	Confirmation Guide (Wed. nite)		

Mid-Week After School  
Children's Program helper

**THANK YOU for helping your child(ren)'s faith grow!!**

## **Medical, Liability, and Media Release**

I, the parent/guardian of the child(ren) listed on this form, authorize a representative of Luther Memorial Lutheran Church to take such action as deemed necessary for the care, welfare and health of my child(ren), including the giving and consent of medical treatment. I understand all reasonable safety precautions will be taken at all times by Luther Memorial Lutheran Church and its agents to avoid accident, injury and disease. I hereby agree to indemnify and hold harmless from any expense of claims of any nature Luther Memorial Lutheran Church and its representatives. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form. I understand that I am responsible for any charges that may be incurred. I also give Luther Memorial Lutheran Church permission to use and publish any photographs, videos, audios, and any other material in which my child(ren) may have appeared, spoke, written, or otherwise been represented. I understand that a copy of this release will be kept on file to indemnify Luther Memorial Lutheran Church against any use of the materials indicated. **Check here [ ] if we cannot use photos.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

EXTRA MEDICAL INFORMATION (if marked yes on front):

**Please return completed registrations to the Church Office or place in the box on the Welcome Center.**