

CELC SUNDAY SCHOOL
Registration Form 2018-2019 School Year

CHILD'S NAME _____

DOB _____ Grade in school _____

ALLERGIES/CONCERNS _____

CHILD'S NAME _____

DOB _____ Grade in school _____

ALLERGIES/CONCERNS _____

CHILD'S NAME _____

DOB _____ Grade in school _____

ALLERGIES/CONCERNS _____

PARENT(S) NAME(S) _____

ADDRESS _____

EMAIL _____ PHONE# _____

Emergency contact _____

I _____ give permission for my child(ren) to participate in all Sunday School activities at Christ Lutheran Church unless otherwise noted. In the event I cannot be reached in an emergency, I hereby authorize Sunday School leaders to seek and authorize medical attention.

_____ I give Christ Evangelical Lutheran Church permission to use, copyright, and publish any photograph or video in print or electronically, of my child(ren) taken during VBS or Sunday School for the purpose of publicity, advertising or Web content without compensation.

_____ Parent Signature
Date _____

Please list approved adults who are allowed to pick up your child(ren):

_____ Cell# _____
_____ Cell# _____
_____ Cell# _____
_____ Cell# _____

I give permission for my child(ren)

_____ ,

who is (are) a fifth grader or older, to pick up his/her younger sibling(s) from their Sunday School class.