

St. Philip Lutheran Church

2016-17 Sunday School Registration



Birth-3 years



PreK-4th Grade



5th and 6th Grade

Parent/Guardian Name(s): _____

Street Address: _____ City, State, Zip: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____

Child's Name: _____ Age: _____ Birthdate: _____

Grade (2016-17): _____ School: _____ M _____ F _____

Allergies, Medications, Special Requests: _____

Child's Name: _____ Age: _____ Birthdate: _____

Grade (2016-17): _____ School: _____ M _____ F _____

Allergies, Medications, Special Requests: _____

Child's Name: _____ Age: _____ Birthdate: _____

Grade (2016-17): _____ School: _____ M _____ F _____

Allergies, Medications, Special Requests: _____

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Release

The child/children listed above has/have permission to participate in the activities of St. Philip Children and Family Ministries for the period of September 2016 through August 2017. I/we, the undersigned, release St. Philip Lutheran Church and all children's ministry leaders and volunteers from any and all liability in the event of injury associated with children's ministries activities. In the event of an emergency, if we, the undersigned parent/legal guardian(s) cannot be contacted, we give permission for any x-rays, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor. It is understood that this consent is given in advance of any specific diagnosis or treatment. It is further understood that I/we the undersigned are responsible for any and all charges for the above mentioned diagnosis, treatment, or hospital care. I/We also give permission for photos and videos to be taken of me and my child/children listed above and used for informational and promotional purposes by St. Philip without further inspection or approval.

Parent/Guardian(s) Signature: _____ Date _____

Printed Name: _____ Date _____

Insurance Company: _____ Policy Number: _____

Additional Information (check all that apply)

_____ I/We am/are members of St. Philip Lutheran Church.

_____ I/We would like information on joining St. Philip Lutheran Church.

_____ I/We would like more information on volunteer opportunities with Children and Family Ministry.

_____ I/We have included a donation of _____ to help defray the cost of Sunday school materials.
(\$20/child suggested donation)