

**SAINT ANDREW LUTHERAN CHURCH**  
**SUNDAY SCHOOL REGISTRATION 2007–2008**

Name(s) of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Telephone(s): \_\_\_\_\_

Home

Mother's Work

Father's Work

Email(s): \_\_\_\_\_

Church Membership:     Saint Andrew         Other \_\_\_\_\_

**We offer nursery care throughout the morning, and Sunday School for ages 3 through 12<sup>th</sup> grade at 9:45. There is an activity center for children ages 3 through 7 during the 11:00 service, following the children's sermon.**

**Note: Children 3<sup>rd</sup> grade and younger must be dropped off and picked up by an adult.**

**I am willing to volunteer:**

8:30 Nursery	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
Classroom Teacher	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
Classroom Helper	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
9:45 Nursery	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
11:00 Nursery	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
11:00 Activity Center	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly

(1) Child's Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birth Date:     /     /     Age: \_\_\_\_\_ Sex:  M  F     Grade as of Sep 2007 \_\_\_\_\_

Baptized:  Yes         No

Note any allergies, anxieties, etc.: \_\_\_\_\_

(2) Child's Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birth Date:     /     /     Age: \_\_\_\_\_ Sex:  M  F     Grade as of Sep 2007 \_\_\_\_\_

Baptized:  Yes         No

Note any allergies, anxieties, etc.: \_\_\_\_\_

(3) Child's Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birth Date:     /     /     Age: \_\_\_\_\_ Sex:  M  F     Grade as of Sep 2007 \_\_\_\_\_

Baptized:  Yes         No

Note any allergies, anxieties, etc.: \_\_\_\_\_

**Photo Release**

I give permission for my child's photo to be used in Saint Andrew Lutheran Church publicity materials.

Yes  No

**Medical Release**

**Emergency Contact Information**

In the event of an emergency or other significant concern, the child's parents or guardians will be contacted. Please provide the name, relationship to the child, and phone numbers.

Parent or Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Medical Information**

**Personal medical insurance is required.**

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does the child have any medical, orthopedic, or emotional condition that we should be aware? YES NO

If yes, please indicate nature of condition: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Personal medical insurance is required. If the child requires medical attention every effort will be made to contact the child's parents, guardians or emergency contacts. In the case of an emergency, the child will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the child. I waive any liability or accountability to Saint Andrew Lutheran Church for the quality or cost of medical services provided.

The child's parent or guardian is responsible for any property damage caused by the child. If a child's property is lost or stolen, we will make every effort to locate it. However, Saint Andrew Lutheran Church accepts no responsibility for the loss or damage to a child's property.

These consents are in effect September 1, 2007-August 31, 2008.

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

Signature

\_\_\_\_\_

Printed Name