

# 2016-17 Lands Lutheran Church Sunday School Registration Form

**\*\*Only one form per family (of up to 4 kids)\*\***

*Please print clearly and complete **both sides** of this form in its entirety and return to Lands, Attn: Ashley.*

## Parent/Guardian Information

Parent/Guardian Name(s):	Home phone:	Work phone:	Cell phone:
Address:	City:	State:	Zip Code:
E-mail:		Able to receive texts messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/Guardian Name(s):	Home phone:	Work phone:	Cell phone:
Address: <small>(if different than above)</small>	City:	State:	Zip Code:
E-mail:		Able to receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## Emergency Information (other than parent/guardians)

Emergency Contact Name:	Relationship:	Home Phone:	Cell Phone:
Emergency Contact Name:	Relationship:	Home Phone:	Cell Phone:

## Promotional Release

Unless otherwise stated below, I give permission for my child's photo to be released for publicity purposes without compensation.

## Parental Release

I am the parent/legal guardian of the participant(s) named on this form, and hereby grant my permission for them to participate fully in Lands Lutheran Church related events and activities, and to be transported off-site with Lands Lutheran staff members or volunteers. In the event of an emergency and I cannot be reached, I give permission for the supervising Lands staff member or to the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

*(Please attach a clear statement regarding treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

Parent/Guardian Signature:	Date:
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*Form continues on the reverse side...*

### Child #1 Information

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: ____ / ____ / ____	Medical/behavior concerns ( <i>i.e. allergies, etc.</i> ):		Child Lives With: (check all that apply) <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
<b>Current grade:</b> <input type="checkbox"/> Preschool (age 4+) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade			

### Child #2 Information

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: ____ / ____ / ____	Medical/behavior concerns ( <i>i.e. allergies, etc.</i> ):		Child Lives With: (check all that apply) <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
<b>Current grade:</b> <input type="checkbox"/> Preschool (age 4+) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade			

### Child #3 Information

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: ____ / ____ / ____	Medical/behavior concerns ( <i>i.e. allergies, etc.</i> ):		Child Lives With: (check all that apply) <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
<b>Current grade:</b> <input type="checkbox"/> Preschool (age 4+) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade			

### Child #4 Information

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: ____ / ____ / ____	Medical/behavior concerns ( <i>i.e. allergies, etc.</i> ):		Child Lives With: (check all that apply) <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
<b>Current grade:</b> <input type="checkbox"/> Preschool (age 4+) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade			