

**GRACE EVANGELICAL LUTHERAN CHURCH
REGISTRATION FORM**

FAMILY NAME: _____

CHILD/CHILDREN INFORMATION

NAME	BIRTHDATE	BAPTISM DATE	GRADE
1. _____			
2. _____			
3. _____			
4. _____			

MEDICAL CONDITIONS/MEDICATIONS/ALLERGIES/OTHER INFORMATION

Child 1. _____
Child 2. _____
Child 3. _____
Child 4. _____

PHYSICIAN NAME AND TELEPHONE: _____

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency involving my/our child/children, I/we hereby authorize the duly appointed representatives of Grace Evangelical Lutheran Church to initiate and/or authorize whatever measures are necessary for the treatment of the medical emergency. I/We further agree to pay for all costs associated with such medical treatment.

PARENT/GUARDIAN INFORMATION

NAME(S) _____

ADDRESS _____

PHONE / EMERGENCY PHONE: _____

E-MAIL ADDRESS _____

Check this box to indicate that you have been given a copy of Grace Lutheran Church's Child Protection Policy to review.

AUTHORIZATION FOR CHILD/CHILDREN PICKUP (for 3rd grade & under)

I/We authorize the following person/persons to call for and remove my/our child/children from Grace Evangelical Lutheran Sunday Church School and its related activities.

NAME	RELATIONSHIP	PHONE
1. _____		
2. _____		
3. _____		

BY AFFIXING MY/OUR SIGNATURE(S) IN THE SPACES PROVIDED BELOW, I/WE GRANT THE ABOVE DESCRIBED AUTHORIZATIONS FOR THIS SCHOOL YEAR.

SIGNATURE(S): _____

DATE: _____