GRACE EVANGELICAL LUTHERAN CHURCH REGISTRATION FORM

FAMILY NAME:					
CHILD/CHILDREN INFO	<u>ORMATION</u>	BIRTHDATE	BAPTISM DATE	GRADE	
			DAFTISM DATE	GRADE	
1					
2					
3					
4					
MEDICAL CONDITIONS/MEI	DICATIONS/ALI	LERGIES/OTHER I	NFORMATION		
Child 1					
Child 2					
Child 3					
Child 4					
PHYSICIAN NAME AND TELE					
In the event of a medical emergrepresentatives of Grace Evangelifor the treatment of the medical etreatment.	ency involving my ical Lutheran Churc	ch to initiate and/or au	ithorize whatever measure	es are necessary	
PARENT/GUARDIAN INFORM	MATION				
NAME(S)					
ADDRESS				heck this box to ate that you have	
			been g	given a copy of	
PHONE / EMERGENCY PHONE	∃:		Child	Grace Lutheran Church's Child Protection Policy to review.	
E-MAIL ADDRESS					
AUTHORIZATION FOR CHII	LD/CHILDREN P	ICKUP (for 3 rd grade	e & under)		
I/We authorize the following person Lutheran Sunday Church School a			child/children from Grace	e Evangelical	
NAME	RELAT	TIONSHIP	PHONE		
1					
2					
3					
BY AFFIXING MY/OUR SIGNA	ATURE(S) IN THE		D BELOW, I/WE GRAN		
CICNIATIDE (C).					