



SUNDAY SCHOOL REGISTRATION

Lord of the Lakes Church

Program Fee is \$10/child or \$25/family with 3 or more children.

For Office Use:

Paid Cash
Amount: _____

Paid Check
Amount: _____
Check #: _____

CHILD #1 First Name: _____ Last Name: _____
DOB: _____ Grade: _____ Allergies: _____
Special needs or medical needs teacher should be aware of?

CHILD #2 First Name: _____ Last Name: _____
DOB: _____ Grade: _____ Allergies: _____
Special needs or medical needs teacher should be aware of?

CHILD #3 First Name: _____ Last Name: _____
DOB: _____ Grade: _____ Allergies: _____
Special needs or medical needs teacher should be aware of?

CHILD #4 First Name: _____ Last Name: _____
DOB: _____ Grade: _____ Allergies: _____
Special needs or medical needs teacher should be aware of?

The success of the Sunday School Program is dependent upon involvement of parents and other volunteers. If you are interested in helping with Sunday School please provide your contact information for the coordinator to contact you:

Name: _____ Phone Number: _____

MEDICAL RELEASE

Parent/Guardian Name: _____ **Phone Number:** _____

Address: _____

Email address: _____

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____

Doctor's Name: _____ **Doctor's Phone Number:** _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the adults in charge of Sunday School to secure the services of a licensed physician to provide the care necessary for my child's well being. I, the parent or legal guardian of the child listed above, also release Lord of the Lakes Lutheran Church, as well as any adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participated in Sunday School.

Signed: _____
(parent or guardian signature)

Date: _____