



Sunday School Registration

(ages 4 through 5th grade)

Lord of the Lakes Church
Program: \$10/student or \$30/family
for materials

CHILD #1 First Name: _____ Last Name: _____
DOB: _____ Age: _____ Grade: _____
Special needs/allergies/medical needs the staff should be aware of:

CHILD #2 First Name: _____ Last Name: _____
DOB: _____ Age: _____ Grade: _____
Special needs/allergies/medical needs the staff should be aware of:

CHILD #3 First Name: _____ Last Name: _____
DOB: _____ Age: _____ Grade: _____
Special needs/allergies/medical needs the staff should be aware of:

(Additional child info can be added to another sheet of paper or on the backside)

The success of the Sunday School program is dependent upon involvement of parents and other volunteers. Please check the below.

I am interested in helping with Sunday School.

No, thank you.

Do we have permission to take photos/video of your family for Sunday School -related projects or to post on the Church website or in the Winneconne News? Yes No

MEDICAL RELEASE

Parent's Name: _____ Phone #: _____

Address: _____

Cell Phone #: _____ e-mail Address: _____

Emergency Contact Person: _____ Phone # _____

Doctor's Name: _____ Doctor's Phone #: _____

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 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 participating in **Sunday School**.

Signed: _____ Date: _____
(Parent or Guardian)