

NORTH WASECA LUTHERAN CHURCH  
SUNDAY SCHOOL REGISTRATION FORM  
2018-2019



NAME OF CHILD: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY)

PARENT CONTACT

NAME: \_\_\_\_\_

(M)PHONE# \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

(F)PHONE# \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT/PERSON WHO MAY PICK UP CHILD

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

DOES YOUR CHILD HAVE AN EPI-PEN: \_\_\_\_\_ YES \_\_\_\_\_ NO

I GIVE PERMISSION TO TAKE MY CHILDS PICTURE FOR CLASSROOM PROJECTS AND/OR

CHURCH WEBSITES: \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_