

**CHILDREN'S NAMES:** (Please include middle name & grade entering this fall) Thank you!

Student's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Church Service your family regularly attends (Confirmation students must select one):

Sat. 6:30pm \_\_\_\_\_ Sun. 8:00am \_\_\_\_\_ Sun. 10:30am \_\_\_\_\_

Grades 3 – 8: Do you intend for your child(ren) to attend Midweek? \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone – Dad: \_\_\_\_\_ Mom: \_\_\_\_\_

Any other numbers where you could be reached: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_

Phone Number of emergency contact: \_\_\_\_\_

Child (Children's) Primary Physician: \_\_\_\_\_

Physician/Clinic phone number: \_\_\_\_\_



**Consent and Waiver:**

Medical Release: I give my permission for the Zion Lutheran staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the Zion staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at church events of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the church programs listed above for the 2018-2019 year. I understand that the information I give for this registration will only be used by the Zion Lutheran Church.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date