

**EAST KOSHKONONG LUTHERAN CHURCH SUNDAY SCHOOL  
REGISTRATION FORM  
2011-2012**

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

If parents are not available in the event of an emergency, notify:

NAME \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

IS THIS PERSON ALSO AUTHORIZED TO PICK-UP YOUR CHILD? \_\_\_\_\_

I hereby enroll and give permission for my child to participate in the planned activities of East Koshkonong Lutheran Church Sunday School. I understand I am responsible for transportation to and from East Koshkonong Lutheran Church.

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

\_\_\_\_\_  
Date

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**PICK-UP AUTHORIZATION**

In addition to parents/guardians listed above, I hereby authorize:

Name

Phone number

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to pick up my child from Sunday School being held at East Koshkonong Lutheran Church. If there are any changes in these arrangements, I will give advance written notice. If there are any special instructions, or any persons who are never to be authorized to pick up your child, please list here:

\_\_\_\_\_

\_\_\_\_\_

# EAST KOSHKONONG LUTHERAN CHURCH SUNDAY SCHOOL PHOTO RELEASE

Throughout the year, photos will be taken during our EKLC Sunday School activities. We would like to display these photos in our church newsletter, as well as on our website. Since it is a public website, we will NOT identify the children by publishing their names under the photos. Occasionally, we may submit a photo to the local newspaper, also without names mentioned. Please complete the section below.

\_\_\_\_\_ I grant permission for my child(ren)'s picture to be used for the EKLC newsletter, local newspaper and website, as long as no names are mentioned

\_\_\_\_\_ I do not grant my permission for my child(ren)'s picture(s) to be used in the EKLC newsletter, local newspaper and website.

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## PARENTAL ASSISTANCE

Our Sunday School program is only strengthened by the participation and assistance of you – the parents of our students! We ask that you help us out in *at least one* of the following ways, but don't be shy! Check as many as you'd like! 😊

\_\_\_\_\_ I would like to volunteer to substitute for one of the full-time teachers, when needed (you will be contacted periodically throughout the year, as conflicts arise).

\_\_\_\_\_ I would like to donate snacks and/or drinks for the children. (a schedule with suggestions will be prepared at a later date)

\_\_\_\_\_ I would like to donate money to supplement the costs of supplies and refreshments (please include with registration form).

If there any other ways you would like to contribute (please still check at least one, above), or have ideas on how to enhance our Sunday School program, please list them here:

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# EAST KOSHKONONG LUTHERAN CHURCH SUNDAY SCHOOL HEALTH FORM

*Must be signed by a Parent/Guardian*

Name: \_\_\_\_\_

## HEALTH HISTORY (To be completed by parent or guardian)

1. Has the student been subject to medical treatment for any of the following:

Diabetes	( )	Ear Trouble	( )	Seizures	( )
Allergies	( )	Poison Ivy	( )	Throat/Sinus	( )
Asthma	( )	Behavior	( )	Bee Sting	( )

Please explain any of the above

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2. IMMUNIZATION RECORD (list month/year of last date administered)

Tetanus DPT \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_

3. ALLERGIES: (Please describe any conditions and treatments)

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4. MEDICATIONS: give name, dose, schedule (medication must be brought in original prescription bottle)

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5. Please explain conditions requiring medication or other condition requiring special care

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PARENTAL AUTHORIZATION - In the case of a medical emergency, I understand every effort will be made to contact the parents or guardians of child. In the event that I cannot be reached, I hereby give permission to the medical examiner selected by the church staff to hospitalize, to secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_