



**PAYNESVILLE**  
Lutheran Church

# Sunday School Registration 2018-2019

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

PLC Member? Yes No      Baptized? Yes No      Receiving Communion? Yes No

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Remind 101 Contact Name: \_\_\_\_\_

*I give the following people permission to pick up my child from Sunday School*

Name	Phone
_____	_____
_____	_____
_____	_____

*Parents will need to pick their child up at 10:25 from their classroom.*

### Sunday School CONSENT / MEDICAL RELEASE FORM

I am the parent/legal guardian of the above named student, and hereby grant my permission for him/her to participate fully in Paynesville Lutheran Church Sunday School-related trips and activities. In the event of an emergency, and I cannot be reached, I give permission for the supervising Paynesville Lutheran Church staff or adult leader to sign forms that would ensure the NECESSARY and IMMEDIATE treatment of the student. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I furthermore absolve those acting on my behalf in this regard from liability as long as there is not gross negligence. (Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date the statement.)

**EMERGENCY:** *The following may be called in an emergency when parent(s) or guardian cannot be reached.*

<b>NAME:</b> _____	<b>Home Phone:</b> _____
<b>Relationship to Student:</b> _____	<b>Cell Phone:</b> _____
<b>NAME:</b> _____	<b>Home Phone:</b> _____
<b>Relationship to Student:</b> _____	<b>Cell Phone:</b> _____

**FAMILY PHYSICIAN:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**GUARANTOR NAME:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Allergies, physical limitations, pre-existing conditions, current medications, or other pertinent information:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further, I understand that the student participant cannot use alcohol, tobacco, drugs, firearms, or fireworks at any Paynesville Lutheran Church sponsored activity, regardless of location. If those rules are broken, I hereby assume transportation costs incurred for immediately returning the student home.

The students who are registered for Sunday School will have their picture taken or videotaped over the course of the year. The pictures may be placed on the Paynesville Lutheran Church web site and/or on the Facebook page. By signing this registration form, you are allowing your child to be photographed and or videotaped.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_