



# AMAZING GRACE LUTHERAN CHURCH SUNDAY SCHOOL/VBS REGISTRATION

**Registration Deadline: Sunday May 30th (turned in at church office)**

Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_

Grade Completed by June \_\_\_\_\_ Age by Sept.1 \_\_\_\_\_

Allergies or other concerns: \_\_\_\_\_

Parents or guardians: \_\_\_\_\_

Address (mailing) \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Mom's or Dad's cell: \_\_\_\_\_

E-mails: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a member of Amazing Grace Lutheran Church?: \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

\_\_\_\_\_

To whom should student be dismissed after classes? \_\_\_\_\_

Other helpful information \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:**

Doctor's Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

I hereby give permission for my son/daughter \_\_\_\_\_

to receive emergency paramedic transport and medical or surgical care and hospitalization, if necessary. I understand that every attempt will be made to contact me before this action is taken

Signed: \_\_\_\_\_ Date \_\_\_\_\_