$\frac{ST.\ PAUL'S\ SUNDAY\ SCHOOL/CONFIRMATION}{3year\ olds\ -\ 9th\ Grade} \\ \frac{REGISTRATION\ FORM}{}$

ALL BLANKS ARE TO BE COMPLETED PRIOR TO RETURNING FORM

NAME			
ADDRESS			
TELEPHONE NUMBER (H) (Cell)			
E-MAIL ADDRESS			
EMERGENCY CONTACT (if you can't be reached)			
PHONE (H) (Cell)			
BIRTHDATE: Month Day Year			
BAPTISMAL DATE: MonthYear			
GRADE ENTERING IN SCHOOL in September			
New Student Returning Student			
PARENT OR GUARDIAN			
ADDRESS (If different)			
COMMENTS:			
I am willing to help with Sunday School in the capacity of: (please check appropriately)			
Teacher Substitute Helper Office Assistant			
Special Projects (ie. baking cookies, Christmas pageant, etc.) Family Ministry			

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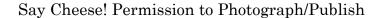
ST. PAUL'S LUTHERAN CHURCH SUNDAY SCHOOL/CONFIRMATION

CONSENT/MEDICAL RELEASE FORM

Parents: Please Fill In, Date, Sign & Return

	has my consent to take p as, playground activities, and gan ian Education staff.	
by the staff. In the event I cann taken to Charlotte Hungerford	f accident or injury, for emergence ot be reached immediately, my classificated Hospital Emergency Room. My can be reached a	hild may be child's
My child has the following allerg	gies:	
contacted in my place in case of	5 0	
	onship to child)	_ can be reached at
the following: Phone #	_ or #	
	eal Lutheran Church will not be h ld while attending a Christian Ed	•
Parent's Signature:	Date:	
	Cell:	
Please inform us of anything else	e we may need to know about you	ur child:

NOTE: Please complete one form for each child. Thank You.





Due to an ever-changing society, we are asking parents with children in our programs to sign a release to allow photographs to be taken and published of their child/children (herein child). On occasion, St. Paul's may ask a local newspaper to cover an event at the church, the Christian Education Committee makes a personalized Christmas ornament for the children at Christmas, teachers occasionally capture moments in pictures as well. These pictures will never be sold or used for any purpose other than local event news coverage or church use. They may be posted on the church's website or social media pages. Please sign and return this release to the church office as soon as possible. It will be kept on file.

To GRANT permission: _____ (please print name) GRANT permission for St. Paul's Lutheran Church to take and publish photos of my child, _____, in the church's various forms of publicity or on the church's website or social media pages. I give St. Paul's Lutheran Church the perpetual, royalty-free right to use my child's photo(s) in any manner including but not limited to publication and website. I understand that these venues have a large audience and my child's photo will be available to the general public. I further understand that St. Paul's assumes no liability or responsibility whatsoever concerning any consequences of such use. I further state that I have the right to give permission as I am the child's parent or legal guardian. Publications of these photos may include first names for identification purposes unless I check the line below that I do not give permission for my child's name to be used. I also understand that I have the right to revoke permission of usage at any time, in writing. _____ Please DO NOT use my child's first name with the photo. SIGNED_____DATE____ TO REFUSE permission: ______, (please print name) REFUSE permission for St. Paul's Lutheran Church to take and publish photos of my child,_____, in any of the church's various forms of publicity or on the church's website or social media pages. I further state that I have the right to refuse this permission as I am the child's parent or legal guardian. SIGNED _____ DATE ____

The Christian Education Committee is requesting a donation of \$25.00 per child to supplement the cost of curriculum and supplies for Sunday School/Confirmation. Please also note that no child will be denied a Christian Education if this is a hardship. Checks can be made payable to St. Paul's Lutheran Church, earmarked "Sunday School Registration."