

**ST. PAUL'S SUNDAY SCHOOL/CONFIRMATION**  
**3year olds - 9th Grade**  
**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:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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 \_\_\_\_\_

ST. PAUL'S LUTHERAN CHURCH  
SUNDAY SCHOOL/CONFIRMATION

CONSENT/MEDICAL RELEASE FORM

Parents: Please Fill In, Date, Sign & Return

My child \_\_\_\_\_ has my consent to take part in the outdoor activities, including nature walks, playground activities, and games under the proper supervision of the Christian Education staff.

I also give my consent, in case of accident or injury, for emergency medical care by the staff. In the event I cannot be reached immediately, my child may be taken to Charlotte Hungerford Hospital Emergency Room. My child's physician is \_\_\_\_\_ and can be reached at the following phone number: \_\_\_\_\_

My child has the following allergies:

\_\_\_\_\_

If I cannot be reached immediately, the following relative or other person may be contacted in my place in case of an emergency:

\_\_\_\_\_ (relationship to child) \_\_\_\_\_ can be reached at the following:

Phone # \_\_\_\_\_ or # \_\_\_\_\_.

I agree that St. Paul's Evangelical Lutheran Church will not be held responsible for any sickness or injury to my child while attending a Christian Education Program at or sponsored by the church.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Printed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please inform us of anything else we may need to know about your child:

\_\_\_\_\_

\_\_\_\_\_

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

## Say Cheese! Permission to Photograph/Publish



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:

I, \_\_\_\_\_ (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:

I, \_\_\_\_\_, (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."