Sunday School Registration Form

Avoid long lines at Rally Sunday! Complete this form and return by e-mail today. You can also return with fee by mail, or simply drop it off at church. **Registration Fee is $10 per child ($30 maximum per family)**.

***If you have pre-registered last spring, please place an 'x' here: _____*

Student Name: _____
Male _____ **Female** _____ **Birth Date** _____ **Age** _____ **Grade as of this fall** _____
Allergies/Medical Conditions: _____
Medication: _____

Student Name: _____
Male _____ **Female** _____ **Birth Date** _____ **Age** _____ **Grade as of this fall** _____
Allergies/Medical Conditions: _____
Medication: _____

Student Name: _____
Male _____ **Female** _____ **Birth Date** _____ **Age** _____ **Grade as of this fall** _____
Allergies/Medical Conditions: _____
Medication: _____

Student Name: _____
Male _____ **Female** _____ **Birth Date** _____ **Age** _____ **Grade as of this fall** _____
Allergies/Medical Conditions: _____
Medication: _____

Parent/Guardian: _____ **Phone Number:** _____
Address: _____
Preferred Email Address: _____ **Cell Phone Number:** _____

***Emergency Contact:** _____ **Phone Number:** _____
**To used be if Parent/Guardian cannot be reached*

I would like to volunteer and assist the education program by the following, (Please check as many as apply)

_____ Substitute Teacher
_____ Serve on Parish Education Ministry Team
_____ Teacher Appreciation Breakfast
_____ Christmas Program
_____ Workshop Rotation Model Shepherd/Teacher

If emergency medical treatment is required, which facility do you prefer your child to be taken?
_____ Gundersen Lutheran Clinic/Hospital – La Crosse, WI
_____ Franciscan Skemp Healthcare Clinic/Medical Center – La Crosse, WI

_____ I/We, the parent(s)/guardians of the above children give permission for emergency medical treatment of these children in the case of illness or accident. I/We further understand that we are financially responsible for the medical expenses on behalf of our children.

Registration Fee will be submitted (select one)**:** _____ by mail _____ in person at church

Date:_____ ***Parent/Guardian Electronic Signature:** _____
**Please be aware that an electronic signature is as legally binding as a handwritten signature.*

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