

Gustavus Adolphus Sunday Church School Registration Form 2009-2010 School Year

Child's Name <i>Please include first, middle, last</i>	Grade <i>(or year child will enter Kindergarten)</i>	Birth date	Baptism Date

Please be sure to indicate the year your 3,4, or 5 year old will enter Kindergarten!

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail: _____

Mother's Name: _____ Work Phone: _____
Cell Phone: _____

Father's Name: _____ Work Phone: _____
Cell Phone: _____

Additional Address for Mailings (if applicable): _____

Emergency Contact Person: _____ Phone # _____

Medical Concerns or Special Needs: _____

Member of GA Church
 Prospective Member
 Visitor

School District child/children attend: _____

Release of Liability

I agree that Gustavus Adolphus Lutheran Church and Sunday School teachers are not responsible for accidental injuries that occur during my child(ren)'s time in class. I authorize such medical treatment as is necessary and such additional procedures as are considered necessary on the basis of finding during the course of medical examination.

Parent or Guardian signature

Date

Public Relations Permission

I authorize my child to be included in photographs and videos taken during the school year for Gustavus Adolphus Sunday Church School purposes.

Parent or Guardian signature

Date