

Reformation Lutheran Church

102 West Rose Tree Road

Media, PA 19063

610-891-0600

SUNDAY SCHOOL REGISTRATION – 2017-2018

PLEASE PRINT. COMPLETE ONE FORM FOR EACH CHILD.

Name of Student: _____

Birth date: _____ Age: _____ Grade (current): _____

Allergies, known medical conditions, and/or special needs: _____

Mother's Name: _____ Father's Name: _____

Guardian's Name (if other than parents): _____

Address: _____
street city zip code

Phone #'s: (H) _____ (W) _____ (C) _____

Email: _____

Emergency contact person and phone in case parents can't be reached:

I give permission to post my child's ... (check all that apply) _____ (please initial)

- Photo on the church bulletin board (s)
- Photo on narthex TV
- Photo in a newspaper
- Photo on the church website/Facebook
- Name on the narthex TV (this is the ONLY place where a child's name would be posted)

➤ I understand that for the safety and security of the students, the parents/guardians will be asked to SIGN IN AND SIGN OUT their children with the classroom teacher. _____ (please initial)

➤ Names of individuals (other than those named above) who have my permission to pick up my child. *(Please list names on reverse)*

➤ I have received, read, and agree with the "Behavior Covenant" for students. _____ (please initial)

➤ A copy of "Safety for Children and Youth at Reformation Lutheran Church" is available upon request.

Signature _____ Date _____