Reformation Lutheran Church
102 West Rose Tree Road
Media, PA 19063
610-891-0600

SUNDAY SCHOOL REGISTRATION – 2015-2016

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
- 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_____