

# ST. PAUL LUTHERAN CHURCH

## Registration & Health Form for 2021-22 God Squad

For Children 4 years old - 6th Grade

Print clearly. Use a separate form for each child.

Or Register online at: [www.stpaullutheranchurch.net](http://www.stpaullutheranchurch.net)

### Personal Information

Name: \_\_\_\_\_ Age or Grade: \_\_\_\_\_ Sex: M / F  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ 1<sup>st</sup> time attending? Y / N  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Parent Cell Phone: \_\_\_\_\_  
Emergency Contact & Phone #: \_\_\_\_\_  
Siblings attending God Squad: \_\_\_\_\_  
Church (if different from St. Paul): \_\_\_\_\_ City: \_\_\_\_\_

### General Health Information

Chronic or recurring illness or medical condition that may affect God Squad life: \_\_\_\_\_  
Dietary restrictions (i.e. vegetarian, lactose intolerant, food allergies): \_\_\_\_\_  
\_\_\_\_\_  
Other suggestions that may help make your child's time more comfortable and enjoyable: \_\_\_\_\_  
\_\_\_\_\_  
Medications (please list kinds and dosage): \_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Insurance company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Holder's name: \_\_\_\_\_  
Family doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Immunizations

DPT (series of 3) Y / N  
Polio Y / N  
MMR (measles/mumps/rubella) Y / N  
Date of last tetanus: \_\_\_\_\_

### Permission

\*\* I give my permission for my child to participate in all aspects of God Squad except as noted.  
\*\* I understand that every effort will be made to contact me if my child needs emergency medical treatment.  
\*\* I authorize medical personnel or God Squad staff to secure any medical or emergency treatment as deemed necessary for my child.  
\*\* I give permission for any picture taken of my child to be used for promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date