

ST. PAUL LUTHERAN CHURCH

Children & Youth Registration & Health Form

Print clearly. Use a separate form for each child.
Register online at: www.stpaullutheranchurch.net

Personal Information

Name: _____	Age or Grade: _____ Sex: M / F
Birth Date: ____/____/____	Age: _____ 1 st 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