



# Education Registration 2023/2024

Registration forms are required for all students involved in Pre-K through 12<sup>th</sup> grade programs at St. Paul Lutheran Church so that we have accurate emergency contact information for the students in our care. Thank you!

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best E-mail: \_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_ Cell or phone #: \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_ Cell or phone#: \_\_\_\_\_

Other emergency contact name/ relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the student been baptized? Yes / No      Is the student current on vaccinations? Yes/No

Medical/Hospital Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*Is there anything the teachers should know about a recurring illness, medical condition, or dietary restrictions for this student? If so, please explain.

\*Participation in Wednesday meal:  
\_\_\_\_\_ Yes, please plan on my child attending the meal.  
\_\_\_\_\_ No, do not plan a meal for my child.

**Permission:** I give my permission for my child to participate in all aspects of the class/program they are registering for. I understand that my Pre-K through 6<sup>th</sup> grade child is officially in the care of St. Paul staff or volunteers when they have been checked in for the class/event and until the end time of the class/event. I understand that every effort will be made to contact me if my child needs emergency medical treatment.

**Assumption of Risk:** I understand that in the event personal injury occurs to my child, I authorize church staff to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

**Release of Liability:** I hereby release St Paul Lutheran Church, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of participating in or traveling to and from church events and programs.

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

\_\_\_\_\_  
Date