



Education Registration 2025/2026

Registration forms are required for all students involved in Kindergarten through 8th 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: _____

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

***Medical Conditions:** Is there anything the teachers should know about a recurring illness, medical condition, or dietary restrictions for this student?

_____ Yes, my child has a recurring illness, medical condition, or dietary restrictions.

If so, please explain.

_____ No, my child does not have a recurring illness, medical condition, or dietary restrictions.

***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 (selected above). I understand that my Kindergarten through 6th 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 reasonable effort will be made to contact me if my child needs emergency medical treatment.

***Permission for photos and/or videos** to be taken of my child for the church website and social media:

_____ Yes, I give permission for photos/ videos to be taken of my child for the church website and social media

_____ No, I do not give permission for photos/ videos to be taken of my child for the church website and social media

Assumption of Risk: In the event of physical injury occurs to my child, I hereby authorize the staff and/or leaders at St Paul Lutheran Church 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