

LEWIS VALLEY & MINDORO LUTHERAN CHURCH SUNDAY SCHOOL

2018-2019

COMPLETE ONE FORM FOR EACH CHILD

Name _____

Address _____

City _____ State _____ Zip _____

Grade: _____ Birth Date: _____ Baptized: Yes No

CURRENT HEALTH ISSUES AND ALL FOOD /OTHER ALLERGIES:

IS THERE ANYTHING ELSE THAT WOULD BE HELPFUL FOR US TO KNOW?

PARENTS/GUARDIAN INFORMATION:

Mom/Guardian _____

Email address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Dad/Guardian _____

Email address _____ Home Phone _____

Cell Phone _____ Work Phone _____

IN CASE OF EMERGENCY CALL:

(Alternatives if parent/guardian not available - list name & phone)

(1) _____ Phone _____

(2) _____ Phone _____

I authorize the following adult to sign for any emergency treatment needed by my child in the event that I cannot immediately be reached: **BETTY PFAFF, REV. ALYSSA MITCHELL**

Signature of Parent/Guardian

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 Yes No I grant Lewis Valley & Mindoro Lutheran Churches the right to photograph my child for educational programs, websites, Facebook, and promotion of church programs.