



2019-2020

## SUNDAY MORNING WITH CHILDREN (SUNDAY SCHOOL) REGISTRATION FORM

### Parents/Guardians

Parent/Guardian 1 Name \_\_\_\_\_

Parent/Guardian 1 Email \_\_\_\_\_

Parent Guardian 1 Phone \_\_\_\_\_

Preferred method of communication re CFF schedules, events, etc. \_\_\_\_\_  
(Email, text, phone, Facebook, etc.)

Parent/Guardian 2 Name \_\_\_\_\_

Parent/Guardian 2 Email \_\_\_\_\_

Parent Guardian 2 Phone \_\_\_\_\_

Preferred method of communication re CFF schedules, events, etc. \_\_\_\_\_  
(Email, text, phone, Facebook, etc.)

### MAILING ADDRESS FOR CHILDREN

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Add'l Name \_\_\_\_\_

Parent/Guardian Add'l Email \_\_\_\_\_

Parent Guardian Add'l Phone \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

### Authorized to Pick-up (other than parents/guardians mentioned above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Children**

**Child 1 Name** \_\_\_\_\_

Gender \_\_\_\_\_ Birth date (MM/DD/YYYY) \_\_\_\_\_

Baptized?  Yes  No Would like to speak with a Pastor to schedule?  Yes  No

Grade in School \_\_\_\_\_ School Attending \_\_\_\_\_

Allergies or concerns we should be aware of: \_\_\_\_\_

**Child 2 Name** \_\_\_\_\_

Gender \_\_\_\_\_ Birth date (MM/DD/YYYY) \_\_\_\_\_

Baptized?  Yes  No Would like to speak with a Pastor to schedule?  Yes  No

Grade in School \_\_\_\_\_ School Attending \_\_\_\_\_

Allergies or concerns we should be aware of: \_\_\_\_\_

**Child 3 Name** \_\_\_\_\_

Gender \_\_\_\_\_ Birth date (MM/DD/YYYY) \_\_\_\_\_

Baptized?  Yes  No Would like to speak with a Pastor to schedule?  Yes  No

Grade in School \_\_\_\_\_ School Attending \_\_\_\_\_

Allergies or concerns we should be aware of: \_\_\_\_\_

**Child 4 Name** \_\_\_\_\_

Gender \_\_\_\_\_ Birth date (MM/DD/YYYY) \_\_\_\_\_

Baptized?  Yes  No Would like to speak with a Pastor to schedule?  Yes  No

Grade in School \_\_\_\_\_ School Attending \_\_\_\_\_

Allergies or concerns we should be aware of \_\_\_\_\_



## Photo and Video Release

I am aware that photographs or video may be taken of Children's Faith Formation participants on Sunday mornings and during various events/activities. I give St. Mark's Lutheran Church by The Narrows and its representative's permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other legitimate purpose.

Yes, I agree to above stated photo release.

Yes, I agree with stipulations as follows: \_\_\_\_\_

No, I do not agree to above stated photo release.

*Signature of Parent or Legal Guardian*

\_\_\_\_\_

*Date* \_\_\_\_\_

## 4<sup>th</sup> Grade Authorized Release

I authorize my child, (name) \_\_\_\_\_, to be released from their Sunday School class on their own. I agree that if this privilege is found to be abused by my child that I will be responsible for picking up my child.

Yes, I agree and will let my child know where to meet me inside the building following Sunday school.

No, I do not agree, and wish for authorized person only to pick up my child.

*Signature of Parent or Legal Guardian*

\_\_\_\_\_

*Date* \_\_\_\_\_