ST. N.	St. Mark's Lut Church by Th Narrows			REGIST	RATION F	2016-17 ORM
Childre	n's Sunda	FAITH	FORMATION	I (Age 3	6 - Grade	4)
<u>Child's Name</u>	(#1)				🗆 Mal	e 🛛 Female
Date of Birth		Age	Grade in Fall '16 _	Scł	nool	
List any known Environmental:	allergies: :		/ Food: _			
	tence, please dese ental concerns:	cribe what you	would like us to kn	ow about you	r child (please a	lso include any health
Do you give per identification?		rk's to publish in s against St. Ma	rk's with respect to co		e likeness or imag	<i>tinue on back if needed)</i> e of your child without on includes any claim to
Child's Name	(#2)				🗆 Mal	e 🗆 Female
Date of Birth		Age	Grade in Fall '16 _	Sch	nool	
List any known Environmental	allergies: :		/ Food:/			
			would like us to kn			ase include any health
Do you give peridentification?		rk's to publish in s against St. Ma	rk's with respect to co		e likeness or imag	ontinue on back if needed) e of your child without on includes any claim to
Parent/s Nam	ne/s (first and last	names:)				
Address/es fo	or mailing purpose	es:				
E-mail addres	ss for primary con	tact:				
Facebook?	🗆 Yes 🔲 No 🛛	Primary Phone	:			
Emergency Co	ontact Name/Rela	ationship:				
Phone:						
-	-	-	ick up child/ren (Ch		-	ist be picked up by a

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(Note: A parent/guardian is required to remain on site at St. Mark's during Sunday school hour; or, a medical release form will need to be signed, giving St. Mark's authority to obtain medical assistance in an emergency.)