

ST. MARK SUNDAY SCHOOL REGISTRATION

Date _____

Child's/Youth's Name _____ Grade _____

Birthday _____ Age _____

Parents' Names _____

Home Address _____

Home Phone _____ Alternate phone _____

Emergency Contact _____ Emergency phone _____

Email _____

Can the child be dismissed without an adult after Sunday School? YES NO (If no, to whom shall they be dismissed?) _____

Food Allergies YES NO (list) _____

Medical Concerns YES NO (explain) _____

School Child Attends _____

Child's Interests _____

Other helpful information _____

Photo Release: I hereby grant St. Mark Lutheran Church permission to photographs/film the minor(s) designated above for any lawful purpose associated with this Sunday school program.

Parent Signature Date Updated 8/11/2016

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