



## Cross of Hope Lutheran Church 2007-2008 Sunday School Registration and Consent Form

Please register my child for Sunday School at Cross of Hope - *this Registration form will be used from September 2007 through August, 2008*). **NOTE:** Child must be at least 3 years old at time of registration.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Gender: M or F Child's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age (*minimum age 3*): \_\_\_\_\_ Baptized? Yes or No  
School: \_\_\_\_\_ Grade entering Fall 2007: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Parent's (Guardian's) Name: \_\_\_\_\_ Cell phone \_\_\_\_\_  
2 MONTHs that are best for me to volunteer: Sept Oct Nov Dec Jan Feb Mar Apr May June July Aug

### Child's Medical Information

List any health issues: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Diet Restrictions: \_\_\_\_\_  
Other : \_\_\_\_\_  
Emergency Contact and Phone Number: \_\_\_\_\_  
Where can you be reached during Sunday Church School? \_\_\_\_\_

### Release

I give permission for my child, \_\_\_\_\_, to participate in the Cross of Hope education and any special events associated with this program. In the event of illness or accident, if the parent or guardian cannot be reached, I authorize Cross of Hope and its representatives to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and rendered under the supervision of a physician. I release Cross of Hope Lutheran Church and its representatives from responsibility in the case of an accident or illness in connection with any authorized activities of the programs checked above.

I understand that it is my responsibility to bring my child to his/her class at the designated time and place (but no more than 10 minutes prior to that time to ensure the presence of teachers), and to pick him/her up by 10:30 a.m. in his/her classroom. I will complete a new Registration Form if any of the above information changes.

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_