

Family Name: _____

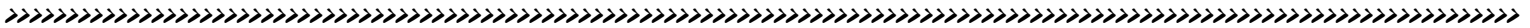
Child's Name	Grade Entering	Birthday	Health Concerns and Allergies	Other Concerns

- I do NOT want pictures or videos of my children displayed
- The information from last year has changed

Parent Name _____
 Email: _____
 Parent Name _____
 Email: _____

Main Phone: _____
 Main Phone: _____

If you have email, newsletters and updates are sent via email also



Emergency contact other than parents: _____

Relation to child: _____ Phone: _____

If the parent/guardian and the emergency contact cannot be reached, I give the staff and volunteers of Peace Lutheran Church my permission to take whatever actions deemed necessary to ensure the safety of my children.

Parent/Guardian Signature : _____ Date: _____



The required costs for Sunday school curriculum and supplies for the year are as follows:

- 1 child: \$30.00
- 2 children: \$50.00
- 3 or more children: \$70.00

*Scholarship forms are available in the church office if needed.

*Checks should be made payable to Peace Lutheran Church.

Date paid: _____ Amount: \$ _____

Check # _____ or cash

.....Office Use Only.....

Class _____ Health: _____ Bday: _____ Info: _____ Other: _____

2018-2019

Release of Claims Form

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

CHILD(ren) NAME(s): _____

Please circle all activities that children under 18 under your care are involved in:

One Step	Sunday School	LOGOS	Youth on Fire
Garden Club	Mission Trips	Choir	Nursery
Other			

I hereby affirm that my child shall be participating in the above named activity and certify that I am cognizant of the inherent dangers associated with participation in the activity and with the fact that participating in the activity may take place outside of, or off of, church premises.

I understand and agree that neither Peace Lutheran Church, not its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child's participating in the activity which may result in injury.

As a part of the consideration for being allowed to enroll and participate in the activity, I hereby personally assume all risks in connection with my child's participation in the activity.

I also authorize Peace Lutheran Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual; and that I signed this document of my own free will. I further state and acknowledge that I have fully informed myself of the contents of this release of claims form by reading it before I have signed it.

I have executed this affirmation and release on the ____ day of _____ 20____.

Signature _____

Printed Name: _____