

FAMILY LAST NAME: \_\_\_\_\_

### Registration Form for Sunday School

Child(ren)'s Name(s)	Grade (2020-21)	Birthdate (mm/dd/yr)	Special Information (food allergies, etc.)

If you have more than three children, please continue on the back of this form.

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact other than parents: \_\_\_\_\_

Relation to child(ren): \_\_\_\_\_ 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.

#### Photo Release

Peace Lutheran Church occasionally has the opportunity to use photos to promote the Sunday School program, children's choirs and other church activities. Uses might include a display board, church newsletter, church website, social media, etc. No names will be used on the website or in press releases.

- I give Peace Lutheran Church permission to include my child(ren) in photos used for informational purposes.
- I DO NOT give Peace Lutheran Church permission to include my child(ren) in photos used for information purposes.

**Parents – We Need Substitute Teachers!** The curriculum is easy to follow and fun to teach! As a substitute teacher, you will be provided the lesson plan and any supplies needed, prior to your day of teaching.

I would like to help by becoming a substitute teacher.

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

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Tuition for Sunday school covers a portion of the curriculum and supplies for the year:

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

\*Scholarship forms are available in the church office if needed for Sunday school.

**\*Make checks payable to Peace Lutheran Church**

**OVER FOR MORE INFORMATION**

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#### Office Use Only

Date paid: \_\_\_\_\_ Amount \$ \_\_\_\_\_ / Check # \_\_\_\_\_ / Cash \_\_\_\_\_ / Credit Card \_\_\_\_\_

## Release of Claims Form

NAME(S) OF PARENT/GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHILD(REN) NAME(S): \_\_\_\_\_

I hereby affirm that my child(ren) is authorizes to participate in church related activities 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: \_\_\_\_\_