

Shepherd of the Hill Lutheran Church REGISTRATION FORM for

(Please check all programs below that apply for your son/daughter)

2020-21 Sunday School 2020-21 Confirmation

CHILD #1 NAME: _____
First Middle Last

GRADE in school _____ (for VBS, the grade just completed) Birth Date ____/____/____ AGE _____

CHILD #2 NAME: _____
First Middle Last

GRADE in school _____ (for VBS, the grade just completed) Birth Date ____/____/____ AGE _____

CHILD #3 NAME: _____
First Middle Last

GRADE in school _____ (for VBS, the grade just completed) Birth Date ____/____/____ AGE _____

PARENTS OR GUARDIANS

Which method of communication do you prefer?

Cell ____ E-mail ____ Home Phone ____ US Mail ____ Teacher hand-out ____

FATHER _____ HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ WORK PHONE _____

EMAIL: _____

MOTHER _____ HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ WORK PHONE _____

EMAIL: _____

EMERGENCY: The following may be called in an emergency, when parent (s) or guardian can't be reached, and have permission to remove my child from Shepherd of the Hill Lutheran Church if necessary.

NAME _____ HOME PHONE _____ CELL PHONE _____

NAME _____ HOME PHONE _____ CELL PHONE _____

Additional person(s) authorized to call for my child:

PHYSICIAN: Name and Phone: _____

ALLERGIES: Yes ____ No ____ (If yes, please specify) _____

EMERGENCY RELEASE: I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately. Signature of Parent or Guardian: _____

Name

Date

I give permission for pictures of my child to be published on Facebook, church website, YouTube or publications: Yes ____ No ____

ADDITIONAL INFORMATION: _____