

2011-2012 Sunday School Registration

Please print clearly and complete both sides of this form in its entirety.

Please return to Normandale by September 1, 2011



Family Information:

Parent 1: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary E-Mail Address Parent 1*: _____

Parent 2: _____

Address (if different): _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary E-Mail Address Parent 2*: _____

Youth Information:

1st Child

First: _____ Middle: _____ Last: _____

Birth Date: _____ Gender: _____ Age as of 9/1/11: _____

School Attending Fall 2011: _____ Grade Fall 2011: _____

Youth lives with (circle one): Both Parents Mother Father Other

2nd Child

First: _____ Middle: _____ Last: _____

Birth Date: _____ Gender: _____ Age as of 9/1/11: _____

School Attending Fall 2011: _____ Grade Fall 2011: _____

Youth lives with (circle one): Both Parents Mother Father Other

3rd Child

First: _____ Middle: _____ Last: _____

Birth Date: _____ Gender: _____ Age as of 9/1/11: _____

School Attending Fall 2011: _____ Grade Fall 2011: _____

Youth lives with (circle one): Both Parents Mother Father Other

4th Child

First: _____ Middle: _____ Last: _____

Birth Date: _____ Gender: _____ Age as of 9/1/11: _____

School Attending Fall 2011: _____ Grade Fall 2011: _____

Youth lives with (circle one): Both Parents Mother Father Other

Are you currently a member of Normandale Lutheran Church? Yes No (Please circle response)

TURN OVER AND COMPLETE REVERSE SIDE OF FORM-*thank-you*

Parent and Guardian Participation To support my child in Sunday School, I will:

- Teach Sunday School: specific grade or any _____
- Substitute teach Sunday School: specific grade or any _____
- Assist with Sunday School prep: *circle all that apply* *Sunday a.m.* *Wed eve* *Thurs afternoon* *Home*
- Assist with Faith Markers
- Assist with Sunday School Music
- Assist with Special Events
- Assist with Christmas program
- Other _____

Emergency Contact Information *(in case a parent cannot be reached)*

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|-------------------------|---------------|-------------|------------------|
| Emergency Contact Name: | Relationship: | Home Phone: | Work/cell phone: |
|-------------------------|---------------|-------------|------------------|

Health Information

| | |
|---|---------------|
| Medical Insurance Company | Policy Number |
| Health Concerns: <i>(allergies, etc...)</i> | |

Child(ren)'s Information: please share any information concerning your child(ren) and his/her response to large groups, energy level, learns best with or without a specific person, special needs or other information to assist the teachers.

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Promotional Release Information: I give permission for my youth's photo to be used for publicity purposes without compensation. Yes No

Parental Release Information

I am the parent/legal guardian of the participant named on this forms, and hereby grant my permission for him/her to participate fully in Normandale Lutheran Church related events/trips activities, and to be transported off-site with Normandale staff. In the event of an emergency, I give permission for the supervising Normandale staff member or available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using measures deemed necessary. I furthermore absolve those acting on my behalf in their regard to liability, as long as there is no gross negligence. Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date this attachment.

| | |
|----------------------------|-------|
| Parent/guardian signature: | Date: |
|----------------------------|-------|