

Advent Lutheran Church

Sunday School Registration Form 2024-25

Child Name	Birthday	Grade	Allergies	Baptized Y/N	1st Communion Y/N

Please tell us a little more about each child:

Child Name	School	Activites (clubs, music, sports, special intersts, etc.)

Address _____ City/Zip _____

Home Phone _____

Mother name _____ email _____ cell phone _____

Father Name _____ email _____ cell phone _____

Other Contact Name _____ cell phone _____

Please circle your preferred method of contact CALL TEXT EMAIL

Photo Release

This release is for the purpose of putting pictures of youth on Advent Lutheran Church website/social media. No names will be added, just photos of our youth engaging in group/solo activities.

_____ I give my permission

_____ I do not give permission

Parent Volunteer Options

- _____ Classroom Sub
- _____ Sunday school teacher
- _____ Christmas Program
- _____ Vacation Bible school
- _____ Other

Activity Permission Slip for the 2024-25 Calendar Year

I agree to immediately inform Advent Lutheran Church leaders of any changes in my child's health condition, illnesses, medical coverage, allergies, medication, and contact information, and/or other pertinent information.

I (the Parent/Guardian) understand that there are certain risks involved in participating in any church-sponsored event. It cannot be expected that Advent Lutheran Church or it's agents be held responsible for accidents or injuries, physical or psychological, which may occur during the course of this year's activities. In any situation, every effort will be made to provide a fun and safe environment. I understand that Advent Lutheran church or its agents cannot possibly foresee every circumstance, but will make a reasonable effort to ensure the safety of all participants.

In the event an emergency arises, the designated agent of Advent Lutheran Church will make every effort to reach me (the Parent/Guardian). If I am off the premises and cannot be reached, I understand that Advent Lutheran Church and it's agents may make decisions regarding diagnosis, treatment or hospital care of my child(ren). I/we release Advent Lutheran Church and it's agents from any liability for any damages resulting from such recommendations.

Parent/Legal Guardian Signature: _____ Date _____