

Children's Ministries of Our Saviour's Lutheran Church 2023-2024

Education Registration Form

Student Information		
Child's Name:	Gender:	
Birth Date:	Age:	Current Grade:
Medical Information (allergies, medications, special needs, etc.)		

Family Information		
Father's/Guardian's Name:	Home Phone:	
<input type="checkbox"/> Check if primary contact	Cell Phone:	
Mother's/Guardian's Name:	Home Phone:	
<input type="checkbox"/> Check if primary contact	Cell Phone:	
Mailing Address to be Used:	City:	Zip:
Parent/Guardian E-Mail Address:		

Emergency Contact
Emergency Contact (Other than guardian/parents):
Phone Number:

Medical Release
I/We understand that, in the event medical treatment and/or transportation is required, every effort will be made to contact me/us. However if, I/we cannot be reached, I/we give permission to the staff or sponsor at Our Saviour's to secure services of a licensed physician and/or licensed paramedics to provide necessary care for my child/children's well-being. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.
Parent/Guardian Signature: _____ Date: _____

Media Release
I consent to my child being photographed, interviewed, and/or videotaped by representatives of Our Saviour's Lutheran Church and/or media outlets (newspapers, T.V. stations, etc.). Our Saviour's Lutheran Church uses photos of children in congregational publications to share information about Our Saviour's. Any images obtained may be reproduced by Our Saviour's and/or public media for use in advertising, publicity, and/or educational activities. Our Saviour's publications include, but are not limited to: Worship livestream, the website, social media, advertisements, annual reports, posters, banners, bulletin boards, and other public relations materials. I hereby waive any claims I may have and release Our Saviour's Lutheran and its employees from liability of claims arising out of such activities.
<input type="checkbox"/> Yes, my child may be photographed, interviewed, or videotaped/recorded for media use. <input type="checkbox"/> No, my child may not be photographed, interviewed, or videotaped/recorded for media use.
<i>If you do not complete and sign the Media Release section of this form, it will be assumed that you give permission for your child's images to be included in any form of communication.</i>
Parent/Guardian Signature: _____ Date: _____

I verify that the information provided is accurate and current, and that I am the legal parent/guardian of the student.

Parent/Guardian Signature _____

Print Name of Parent/Guardian Signature _____