

Sunday School Registration Form



Date: _____

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell Phone: _____

Child's Birth Date: _____ Current Grade: _____

In case of emergency (when parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies the staff should be aware of:

Please list any medications the child is taking: _____

Person/s responsible for picking up this child at the end of each Sunday school session:

Name: _____

Telephone: _____

My signature below authorizes the Sunday school staff of St. Mark's Lutheran Church to render first aid as needed and/or seek emergency medical care for the above-named child.

The following 2 pages must also be signed

Signature of parent/guardian: _____

St. Marks Lutheran Church
3771 Easton Ave.
Bethlehem, PA 18020
610-694-0212