

**2018-2019 Sunday School Registration  
St. Mark Lutheran Church**

Name of Child \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please list any medical conditions or allergies that the teacher(s) will need to know (medicine or food allergies, medical conditions, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, St. Mark Lutheran is authorized to have my child transported to the hospital for emergency care if a parent is not available.

Name(s) of Parent or guardian \_\_\_\_\_

Signature of Parent(s) or guardian \_\_\_\_\_

**Please use the other side of this form to share information that will help us enable your child to have the best experience possible in the St. Mark Sunday School Program. Please bring to our attention any special needs or considerations concerning your child so that we may be sensitive to their needs.**

**RELEASE FOR MINOR CHILDREN (Under 18)**

St. Mark Lutheran is authorized to use (check all that apply:)

photographs/digital images

In St. Mark's

printed publications or materials

electronic publications or presentations

website

**\*\*Parents/Guardians are expected to stay on campus during the Sunday School time. We'd love to have you in the Adult Bible Study in the large conference room or the fellowship time in the courtyard.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)