

**Mount Tabor Lutheran Church  
Sing and Celebrate Registration Form  
2019-2020**

Child's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Child's address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Church bus - This year we will pick up at Oak Grove, Riverbank and Springdale Elementary Schools. Availability is on a first come first serve basis.

Please put my child on the list to ride Mount Tabor's bus.

**Health Insurance Information:**

Provider: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Please list any medication, allergies, health history or special needs that we need to know about your child in order to provide the best possible care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am informed about all the policies and programs of Mt. Tabor Lutheran Church and give my child permission to participate in all activities (including field trips) that relate to Sing & Celebrate. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by a leader of Mt. Tabor, to administer necessary treatments. I understand that I am responsible for any and all expenses that are necessary and related to the medical care provided to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_