**Student Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_ \_ Date of Birth: \_\_\_\_\_\_ \_\_\_\_\_\_ Gender: M F Did this student attend Sunday School last year? Y N

Grade entering this year: \_\_\_\_\_\_\_ School Attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Has student been Baptized? Y N Has student received 1st Communion? Y N

**Parent/Guardian Information**

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_ \_\_\_\_

 Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_Cell Phone: \_\_\_ \_\_\_\_\_\_\_\_\_

Child Lives With (PLEASE CIRCLE): Father --Mother --Both Parents --Grand-Parents --Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Primary Email Address(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergy/Medical Information**

Does the student have any known allergies that may be an issue while he/she is in Sunday School? Y N Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the church staff have permission to authorize medical care for your child in your absence? Y N

Does the Church staff have permission to apply sunscreen and bug spray on your child? Y N

Please list any precautionary steps you would like us to take regarding your child’s allergy/medical care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Other than Parent Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous**

**Media Release**: Lutheran Church of the Resurrection is proud to promote the success of its members, students, staff and programs.  LCR may use images and video clips of students in materials such as newsletters, website content and postings to official social media platforms. Is it okay to use your information on any press releases? (Please note, we do not tag or name any child or their parent in social media posts)

**Photo:** Y N **Video:** Y N

**Volunteer Opportunity:** Sunday School is run by volunteers. Please check areas where you may be willing to help. Errands:\_\_\_\_\_\_ In the classroom as needed:\_\_\_\_\_\_ Provide snack:\_\_\_\_\_\_ Organize classroom events:\_\_\_\_\_ Help organize special events/activities: \_\_\_\_\_ Miscellaneous needs:\_\_\_\_\_

**Signature of Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_