



# 2010-2011 Sunday School Registration

Sundays 10:05am 3yrs old – 6<sup>th</sup> Grade.

Wednesdays 5:00pm 1<sup>st</sup> – 6<sup>th</sup> Grade.

\$25 per child before June 30, 2010 (\$60 family cap)

\$30 per child after July 1, 2010 (\$70 family cap)

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

Child's Name	Birth Date	Grade Level as of 9-1-10	Baptized Y/N	Sunday or Wednesday
1.				
2.				
3.				
4.				

\$ \_\_\_\_\_ If you are able, please consider making a donation to the scholarship fund.

\$ \_\_\_\_\_ **Registration Total**

### 2009-2010 Medical Information

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Bethlehem Lutheran Church of St. Cloud, Minnesota permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Bethlehem Lutheran Church. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Bethlehem Lutheran Church from liability in acting on my behalf in this regard so long as Bethlehem Lutheran Church is not grossly negligent.

Doctor or Health Clinic name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy/Group No. \_\_\_\_\_

Current Medications \_\_\_\_\_

Please list (by child) any allergies or other pertinent medical concerns. \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

\_\_\_\_\_ I (we) grant permission to my child's teacher/guide/substitute to be informed of medical needs relevant to my child's safety or participation in church programming.

\_\_\_\_\_ Checking here gives BLC permission to use images of my child in print & online advertising and news reporting (children will not be identified by name).

**I (we) believe the above information to be current and accurate information to the best of our knowledge.**

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

\_\_\_\_\_ Scholarships are available. Check here if you would like to be considered for a scholarship.