

**HEPHATHA LUTHERAN CHURCH
2008-2009 SUNDAY SCHOOL PROGRAM
REGISTRATION FORM**

Child(ren)'s (last, first name)	September 2008 School Grade	Birth Date	Baptismal Date	Food and Medication Allergies

Name of Mother: _____

Name of Father: _____

Street Address: _____

City: Anaheim Yorba Linda Orange Other: _____

Zip Code: _____ Cellular Telephone Number: _____

Emergency Telephone Number: _____

Alternative authorization to release child(ren) to: _____

Do Not Release Child(ren) to: _____

HEALTH INFORMATION
ALL ITEMS MUST BE COMPLETED

Insurance Company: _____

Insurance Telephone Number: _____

Policy Number: _____ Group Number: _____

Child's Physician: _____ Telephone Number: _____

I/we the parents/guardians of the abovementioned child(ren), a minor, do hereby authorize Hephatha Lutheran Church and its designated leaders to consent to any medical and hospital care to my child upon the advice of a licensed physician. It is understood that Hephatha Lutheran Church staff will make a reasonable attempt to notify me of such circumstances as soon as possible. I further agree that Hephatha Lutheran Church and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.

I/we the parents/guardians of the above mentioned child(ren), a minor, do hereby understand that from time to time, pictures are taken during activities at Hephatha Lutheran Church, or under its direction, and then presented in various church sponsored media. These may include, but are not limited to: pictures, video productions, Internet web pages, newsletters, brochures, and newspaper articles.

Parent/Guardian signature: _____ Date: _____

Do you plan on attending the 9:30 am Church Service while your child attends Sunday School?

Yes _____ No _____ If no, how can we contact you? _____