

**Zion Lutheran Church**  
**Emergency Contact/Sunday School Registration**

Child's Full Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Receive texts: Y N

Work Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Receive texts: Y N

Work Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact person (if parent cannot be reached): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Food allergies: Y N (List:)

Medical concerns: Y N (Explain:)

Family doctor: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

(If you have multiple children *with the same contact information* in Sunday School, you may list the additional names, ages, and grades on the back of the form.)

I give Zion Lutheran church permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with the church.

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_