



St. David's Lutheran Church Faith Development Program 2016-17 Sunday School and Confirmation Registration Form

Parents/Guardians' Name(s): _____ Date: _____

Address: _____ E-mail: _____

Home Phone: _____ Cell/Text: _____

I /We am registering the following student(s) for Sunday School (SS) and/or Confirmation Instruction for the 2016-2017 year. (Please check appropriate boxes next to each student's name.) **Please note that Sunday School Classes and Parent/Student Orientation for Confirmation Instruction will begin Sunday, September 18, 2016.**

	STUDENT 1	SS	Conf	STUDENT 2	SS	Conf	STUDENT 3	SS	Conf
Name of Child/Youth									
Date of Birth									
2016-2017 Grade									
School Attending									
Date of Baptism									
Church of Baptism									
Date of First Communion									
Known Allergies									
Other Medical Information We Should Know									

Emergency Contact:

Name: _____ Phone: _____

Relationship to Student(s) _____ Cell Phone/Text: _____

Yes No I give permission for my child/children, listed above, to be photographed while engaged in St. David's sponsored activities for use in church or synod publications. (i.e. newsletter, bulletins, bulletin boards, videos etc.)

Signature of Parent/Guardian: _____ Date: _____

Parent Authorization for Medical Emergency Treatment

In case of a medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician/medical facility selected by St. David's Lutheran Church to secure appropriate treatment and/or give medications for (including injections, anesthesia or emergency surgery) for my child(ren) as named above.

Signature of Parent/Guardian: _____ Date: _____

Sign Below **ONLY IF YOU DECLINE** to Sign the Release Above

I have been offered the opportunity to authorize medical care as above set forth above and decline to so authorize medical care without my approval. I accept such complications as may occur should medical care be needed and is withheld due to my unavailability to provide my approval as parent/guardian.

Signature of Parent/Guardian: _____ Date: _____