



# 2010-2011 SUNDAY and WEDNESDAY SCHOOL REGISTRATION

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Family Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_  
(To be completed if not already on file)

Grade in School (fall 2010): \_\_\_\_\_

School Attending (fall 2010): \_\_\_\_\_

I will be attending:      Sunday School                  Wednesday School                  Both Sunday & Wednesday School

## EMERGENCY CONTACT INFORMATION

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Other Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

## NAMES AND AGES OR GRADE OF PARTICIPANT'S SISTERS AND BROTHERS

NAME	AGE or GRADE
_____	_____
_____	_____
_____	_____
_____	_____

### ONLY Grades 1 – 5 Wednesdays ONLY

I am also coming to the Wednesday After-School Program      YES      NO

I need a ride to the After-School Program      YES\*      NO

(\*If YES, donations will be requested due to the rising costs of fuel)

Home Church: \_\_\_\_\_

**Please complete both sides of this form and return to the church office or to Dianne Helfinstine, Director of Christian Education. Forms may also be emailed to [office@bethlehemaberdeen.org](mailto:office@bethlehemaberdeen.org)**



# Child Pick-Up Authorization Form

*One Participant Per Form. Please Print And Fill Out Completely.*

**Bethlehem Lutheran Church**  
1620 Milwaukee Ave NE  
Aberdeen, SD 57401  
(605) 225-9740

**PLEASE PRINT:**

I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_,  
Hereby authorize the following persons to pick up my child from Sunday School or Wednesday School at Bethlehem Lutheran Church on any given date. I hereby agree to inform the following persons that proper identification will be required in order to pick-up my child.

**PLEASE PRINT:**

<u>Name</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Persons permitted to pick-up child include:**

Mother    Yes    No    Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Father    Yes    No    Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Guardian    Yes    No    Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 (if not mother or father)

**Persons NOT permitted to pick-up child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby agree that if the above authorization for pickup of my child changes, I shall immediately contact Bethlehem Lutheran Church and submit a revised authorization form.

\_\_\_\_\_  
 Signature of Parent/Guardian                      Name of Parent/Guardian (Please print)                      Date

Parent's Phone Number: (    ) \_\_\_\_\_

**Optional release without parent-: Please review the option below carefully to determine if you wish to sign below:**  
 Bethlehem requires that every Sunday & Wednesday School child be picked up from the assigned pick-up location, by a parent, guardian, grandparent, etc. If parent/guardian or other authorized person will not be picking up their child and want Bethlehem to release the child on their own without a parent or guardian please sign the release line below. **I have read and understand the above statement and give my permission to have my child released from Sunday or Wednesday School without a parent, guardian, grandparent, etc. there to pick them up.**  
 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_