



2011-2012 Sunday & 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 2011): _____ School Attending (fall 2011): _____

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 <u>Wednesdays</u> ONLY		
I am also coming to the Wednesday After-School Program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I need a ride to the After-School Program	<input type="checkbox"/> YES*	<input type="checkbox"/> 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.**



Child Pick-Up
Authorization Form
One Participant Per Form.

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

PLEASE READ PRIOR TO FILLING OUT THIS FORM:

If you or someone else will be picking your child up in the classroom, please fill out this top portion.

If you allow your child to meet you outside of the classroom, ONLY fill out the bottom box.

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.

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)

Table with 4 columns: Name, Home Phone #, Cell Phone #, Relationship. Rows 1-5.

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 classroom, by a parent, guardian, grandparent, etc. If the child is allowed to meet you elsewhere, please sign 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: _____