

**CHILDREN’S NAMES:** (Please include middle name & grade entering this fall) Thank you!

Student’s Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student’s Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student’s Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student’s Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student’s Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Student’s Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

M/F Allergies/Medical Issues or Special Needs: \_\_\_\_\_

Church Service your family regularly attends (**Confirmation students must select one**):

Sat. 6:30pm \_\_\_\_\_ Sun. 8:00am \_\_\_\_\_ Sun. 10:30am \_\_\_\_\_

Grades 3 – 8: Do you intend for your child(ren) to attend Midweek? \_\_\_\_\_

Parents’ Names: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone – Dad: \_\_\_\_\_ Mom: \_\_\_\_\_

Any other numbers where you could be reached: \_\_\_\_\_

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

Emergency Contact other than parent: \_\_\_\_\_

Phone Number of emergency contact: \_\_\_\_\_

Child (Children’s) Primary Physician: \_\_\_\_\_

Physician/Clinic phone number: \_\_\_\_\_



**Consent and Waiver:**

**Medical Release:** I give my permission for the Zion Lutheran staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the Zion staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

**Photo Release:** I hereby grant the above named church permission to use photographs/videos taken at church events of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

**Permission to Attend:** I give permission for my child (named above) to attend the church programs listed above for the 2019-2020 year. I understand that the information I give for this registration will only be used by the Zion Lutheran Church.

**SUBMIT FORM TO:** [office@zionmitchell.org](mailto:office@zionmitchell.org) or return to church office/collection box in narthex

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date