# Mount Zion Sunday Church School 2008-2009 Registration Form

Child _____ Age_____ Sex_____ Grade _____

Parent / Guardian _____

Address _____
*Street / Post Office Box* *Apt #* *City* *State* *Zip*

Telephone _____ Mobile _____ Work _____ E-Mail _____

Emergency Contact _____ Telephone _____ / _____

**Health History for Child** (give approximate dates)

ear infections _____ heart defect/disease _____ seizures _____

diabetes _____ bleeding/clotting _____ other _____

**Food Allergies** (circle all that apply)

dairy grain seafood peanuts/other nuts meat eggs other_____

**Medical Allergies** (circle all that apply)

hay fever insect stings penicillin/other drugs _____ other_____

**Chronic or recurring illness or medical condition** (if applicable) _____

**Learning or behavioral concerns** _____

**Other suggestions or information that may help make your child's Sunday School more comfortable and enjoyable:**

Name on Insurance Policy _____ Insurance Company _____

Policy # _____ Family Doctor_____ Phone _____

**Permission to Provide Necessary Treatment or Emergency Care:** I hereby give my permission to the Mt. Zion staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me / my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Mt. Zion to secure and administer treatment, including hospitalization, for the person named above.

Parent / Guardian Signature _____ Date _____

Please list who can pick up / drop off your child for Sunday Church School or any related activities:_____

_____

**Permission to Participate in the Program:** I give permission for my child to attend and participate in the Mt. Zion Sunday Church School and its related activities. Photographs that include my child may be used in promotional materials (including web pages) for Mt. Zion Lutheran Church.

Parent / Guardian Signature _____

Date _____