

Grade: \_\_\_\_\_

**SUNDAY SCHOOL/CONFIRMATION REGISTRATION FORM: 2009-2010**  
**Our Savior's Lutheran Church (ELCA)**

Name of Child: \_\_\_\_\_ Female Male  
Last MI First (Please Circle)

Birth date: \_\_\_\_\_ Age as of 09/01/09: \_\_\_\_\_ Baptized: Yes No (Please Circle)  
Date baptized \_\_\_\_\_ Church baptized \_\_\_\_\_ City baptized \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ School: \_\_\_\_\_  
Home Cell

Parent/Guardian's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip  
Phone #: \_\_\_\_\_  
Home Cell Work

Parent/Guardian's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip  
Phone #: \_\_\_\_\_  
Home Cell Work

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_  
Healthcare Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

List all persons and their relationships, who are authorized to pick up your child

NAME	RELATIONSHIP	PHONE
1. _____		
2. _____		
3. _____		

Please be aware that adults listed above are the only persons to whom we will release your child to.  
Notify Jessica Zinniel of any changes to authorized adults list. Thank you.

Please list any medical conditions allergies to food, medications,  
environmental, insects, ect. that teachers should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ YES, my child's picture may be used on Our Savior's Lutheran Church's Website.

\_\_\_\_\_ No, my child's picture may not be used on Our Savior's Lutheran Church's Website.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*From the Education Team at Our Savior's Lutheran Church,  
Thank you for giving us the opportunity to grow with your child through faith.*