



# Registration Form

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home email address: \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_

\_\_\_\_\_



Emergency contact: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I give permission for my child's picture to be used for social media publicity for Bethel Lutheran.  
I understand that the church will not display the child's picture along with his/her name.

Signature: \_\_\_\_\_