

ST. PETER'S LUTHERAN CHURCH
SUNDAY CHURCH SCHOOL
e-mail: st.peters@rogers.com

REGISTRATION FORM
2011-2012

NAME: _____ **BIRTHDAY** ____/____/____
SURNAME, GIVEN NAME MO. DAY YEAR

SCHOOL GRADE: _____

ADDRESS: _____
NO. STREET APT. NO. PO BOX/RR NO

CITY PROVINCE POSTAL CODE

PARENTS OR GUARDIAN: _____
SURNAME, GIVEN NAMES

TELEPHONE NUMBERS:

HOME: () _____
BUSINESS: () _____
Email: _____

My child is interested in joining: _____ Cherub Choir _____ Junior Choir _____

I CAN HELP: _____ TEACH SUNDAY SCHOOL _____ SUPPLY TEACH _____ CHERUB CHOIR
_____ MUSIC _____ NURSERY _____ ADVENT PAGEANT _____ HALLOWEEN PARTY

OTHER

The following information would be useful for teachers to know in order to provide a safe environment for your child. It is especially important for those times when the parent or guardian is not on the premises (i.e.: special practices, parties and outings).

Does your child have any allergic reactions? If so, please give type of reaction, treatment given etc.

Does your child have any special physical or emotional needs that you feel the teacher should be aware of?

ALL INFORMATION ON THIS FORM IS CONSIDERED PERSONAL &
CONFIDENTIAL
PLEASE RETURN FORM TO SUPERINTENDENT, SUNDAY CHURCH SCHOOL

ST. PETER'S EVANGELICAL LUTHERAN CHURCH
MEDICAL PERMISSION FORM

DOCUMENT F

For the year September 1st, 2011 to August 31st 2012 .

Name of Child : _____ Birth Date : _____ Age: _____

Address _____

Phone _____ School Grade : _____

Name of Family Doctor : _____ Phone : _____

Provincial Health Insurance _____ Date of last Tetanus shot: _____

Does your child have any severe or life-threatening allergies? (e.g. bee stings, food, penicillin or other drugs, etc.)

Yes No Detail

Does your child use or carry any medications? (e.g. antibiotic, ventilator, epi-pen, etc.)

Yes No Detail

Does your child have any physical, emotional, cognitive or behavioural concerns or limitations?

Yes No Detail

Does your child have any medical conditions of which we should be aware?

Yes No Detail

In the event of accident, sickness or other medical emergency, I hereby authorize ST. PETER'S EVANGELICAL LUTHERAN CHURCH to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

Parents's or Guardian's Signature

Date

In the event of accident, sickness, or other medical emergency, ST. PETER'S EVANGELICAL LUTHERAN CHURCH, its pastor, staff and volunteer are hereby released from any liability.

Parent's or Guardian's Signature

Date

MEDIA PERMISSION FORM

Dear Parents/Guardians:

We would like to tell the community about the many positive things taking place at St. Peter's. However, we want to strike the right balance between sharing our good news and respecting the wished of parents/guardians who do not want their children photographed or videotaped.

There are a number of times during the year when children can be photographed or videotaped; for example, during the Sunday Church School led Advent Service in December or when the Cherub Choir or Junior Choir sing. Sometimes the pictures are posted on bulletin boards in the parish hall or church basement. Sometimes the pictures may be posted on St. Peter's home page. On the home page individual children are not identified by name. Photos and videos will only be allowed with the Pastor's permission and/or the Sunday Church School Superintendent's permission and will not be used for commercial gain.

_____ I consent to my child being photographed or videotaped and their image used in church or on St. Peter's home page.

_____ I do NOT consent to my child being photographed or videotaped.

Student name (please print): _____

Grade: _____

Signature of parent/guardian: _____

Date : _____