



**LUTHERAN CHURCH
OF THE ASCENSION**
A FAITH COMMUNITY ON CHICAGO'S NORTH SHORE

460 Sunset Ridge Road
Northfield, IL 60093
(847)446-8335
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2017-2018 Sunday School Registration Form

Please complete one form per child.

Please register my child for (check which ones apply):

- Primary (age 3 to Grade 1)
 Intermediate (Grades 2-5)

Child's Name: _____ **Date of Birth:** _____

Name(s) of Parents/Guardians: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ **Email Address:** _____

Grade in School (2017/2018): _____

Allergies or Special Needs: _____

Child's Likes/Dislikes: _____

Emergency Contact:

(List person other than parents in case you cannot be reached)

Name: _____ **Phone Number:** _____

Relationship to Child _____

Physician Name: _____ **Physician Telephone:** _____

Please check the areas that you would be able to help out with Sunday School:

___ **Be an extra pair of hands in the classroom**

___ **Be a teacher, please circle which apply: primary/intermediate**

___ **Plan special projects/events outside Sunday School**

Parent/Guardian Signature _____ **Date** _____

Authorization Form

Please read and sign below.

By completing and returning this form:

I authorize emergency medical services rendered to my child if necessary by an Ascension staff member or designated volunteer. The purpose of the authorization is to permit my child to receive emergency medical attention when needed while involved in activities connected with Ascension when I or my emergency contact are unavailable.

I authorize use of photos, images or video clips of my children at church events for the website or print publicity. I understand that my child's name will not be used.

Parent/Guardian Signature _____ **Date** _____