



Jr. Sunday School
Registration 2008-09
For ages 2 to Pre-K

One form per child. \$10.00 suggested donation to cover supplies, curriculum and special events for the year.

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Phone (\_\_\_\_) \_\_\_\_\_ Baptized? Yes No If yes, date \_\_\_\_\_
Siblings: Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_
Email Address \_\_\_\_\_
Emergency Contact (Other than Parents) \_\_\_\_\_ Phone \_\_\_\_\_
Other adults authorized to pick your child up \_\_\_\_\_
Food Allergies or Medical Conditions \_\_\_\_\_
Will your child be enrolled in a Pre-K class in the fall? Yes No If yes, where? \_\_\_\_\_
Church Membership (Name) \_\_\_\_\_

MEDICAL CARE AUTHORIZATION

Pursuant to California Family Code §6910, I, \_\_\_\_\_, a parent/guardian having legal custody of \_\_\_\_\_, a minor child, hereby authorize St. John's Lutheran Church, an adult person into whose care such minor child has been entrusted, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing. This authorization shall remain effective until September 30, 2009.

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of \_\_\_\_\_, understand that from time to time pictures are taken during the activities at the St. John's Lutheran Church of Orange, CA, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video taped and/or photographed and used in the above listed manner.

Signed \_\_\_\_\_ Date \_\_\_\_\_

All parents are encouraged to volunteer in their child's Sunday School class once a month.

For more information please contact Susan Haight at (714) 288-4430 or shaight@stjohnsorange.org

