



Sunday School Registration for 2010-2011

Kindergarten – Sixth Grade

One form per child. **\$10.00 suggested donation to cover craft supplies & curriculum .**

Child's Full Name _____ M F DOB ____ / ____ / 20 ____

Address _____ City _____ Zip _____

Phone (____) _____ Baptized? Yes No If yes, date _____

Email Address _____

Parent's Name(s) _____ Cell Phone _____

Emergency Contact (Other than Parent) _____ Phone _____

Relation to Child _____

Other adults authorized to pick your child up _____

Food Allergies or Medical Conditions _____

Grade In The Fall (2010) _____

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 written notice of revocation is given.**

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 _____

For more information please contact Jennifer Munro at (714) 288-4485 or jmunro@stjohnsorange.org



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