

**Elk River Lutheran Church ELCA**

**Sunday School 2017-2018**

**Pre-Gr. 6 Registration Form**

**HOUSEHOLD INFORMATION**

Parent(s) Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Emergency information/contact:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**People authorized to pick up this child (other than parents):**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If you are not a member of ERLC, would you like to be contacted?** \_\_\_\_\_

*I do not grant permission for my child to be photographed or to participate in off-site activities.*

\_\_\_\_\_

signature

**CHILD(REN) INFORMATION**

**(If necessary, add more children on the back of this sheet)**

1. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_

List anything that might help us get to know your child better (allergies, special needs, etc.)

\_\_\_\_\_

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2. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_

List anything that might help us get to know your child better (allergies, special needs, etc.)

\_\_\_\_\_

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3. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_

List anything that might help us get to know your child better (allergies, special needs, etc.)

\_\_\_\_\_

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*Please contact Martha Herbert, Director of Children, Youth, and Family Ministries, at 763.595.1216 or [childrenyouthfamily@gmail.com](mailto:childrenyouthfamily@gmail.com) if you have questions.*