

1 Child Registration *(please print)*

First Name	Last Name	Birth Date	Baptism Date	Gender (M/F)	2007-2008Grade	Health/Allergy Notes:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2 Your Family Info *(please print)*

Last Name _____ Father _____ Mother _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Family E-Mail _____ Do you prefer e-mail? Yes No

Last Name _____ Mother/ Father _____

Address _____ (if Different)

City/State/Zip _____

3 Miscellaneous Notes

Day(s) children attend Sunday morning _____

Who brings the children? _____

Children's Doctor & Phone _____

Emergency Contact(s) (name & phone) _____

Insurance Coverage _____



4 Sign the Medical/ Photo Release

The Parent of Minor(s) entrusts the Minor(s) listed in Section 1 of this registration form to the care of Prince of Peace Lutheran Church, 19030 8th Ave. S, SeaTac, WA 98148 (herein "POP" while the Minor(s) participates in an activity sponsored by POP.

The Parent authorizes POP to consent to any treatment or hospital care which is under the general or special supervision of, any physician, surgeon or dentist licensed under the provision of the laws of the State or Country where the medical care is being sought.

This authorization is given in advance to provide authority and power to POP to give specific consent to any/all medical attention in the exercise of POP's best judgment may be deemed advisable.

Parent agrees to pay fully all costs incurred for the Minor(s) by POP, under this authorization. These authorizations shall remain effective until June 15, 2010, unless sooner revoked in writing. The bearer/ present of this Parental Authority shall be deemed POP's authorized agent.

Parents authorized POP's use of photos on website or other publications.

Parent/Guardian Signature _____ Date Signed _____

Sunday School
2009-2010