



Student Registration & Emergency Information Form (Please print)



Child's Name _____
FIRST
MIDDLE INITIAL
LAST
NICKNAME

Address _____
 STREET/APT # _____

CITYSTATEZIP CODE

Date of Birth _____ Date of Baptism _____ Grade _____ Gender _____

Are you a member of The Lutheran Church of St. Andrew? _____

If not, are you a member elsewhere? _____

Mother/Guardian _____ Cell Phone: _____

Email _____

Address (if different) _____

Father/Guardian _____ Cell Phone: _____

Email _____

Address (if different) _____

ALLERGIES OR OTHER MEDICAL CONDITIONS: _____

In emergencies requiring medical attention, the LCSA on call medical emergency person will be summoned. An attempt will be made to locate the parent/guardian on the church premises. If necessary, 911 will be called and your child may be taken to the NEAREST hospital emergency room. Your signature below authorizes the LCSA to proceed with the steps outlined previously outlined.

Signature of parent/guardian _____ Date _____

Please print the name(s) of the person(s) authorized to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

All individuals authorized to pick up your child MUST show appropriate ID , if requested.