

GRACE LUTHERAN CHURCH
6000 BROADWAY
RICHMOND, IL 60071
(815) 678-3082

SUNDAY SCHOOL – 2018-2019

Children 4 Years Old through 5th Grade

CHILD'S NAME _____

BIRTH DATE _____ GRADE IN FALL OF 2018 _____

KNOWN ALLERGIES, MEDICAL CONCERNS, OR LEARNING
DISABILITIES _____

PHYSICIAN'S NAME _____ PHONE _____

INSURANCE CARRIER _____ POLICY/GROUP# _____

PARENT'S NAME _____

ADDRESS _____ ZIP _____

HOME TELEPHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

PHONE # YOU CAN BE REACHED AT DURING CLASS _____

EMERGENCY CONTACT _____ PHONE # _____

THOSE PEOPLE AUTHORIZED TO PICK UP CHILDREN: _____

I give my consent for my child to take walking trips in the neighborhood. I understand such trips will be under the supervision of adults, and that precautions will be taken to protect the health and safety of my child.

In the event of an emergency where medical treatment is necessary, I give my permission to the church sponsors to seek appropriate medical treatment after every reasonable effort has been made to contact the person identified above.

SIGNED _____ DATE _____