

Register Now!

Name	Birthday	Age	M/F	Grade	Allergies Learning Challenges Special Circumstances	Baptism Date

Parent/Guardian Name(s):

Mailing address:

_____ City _____ State _____ Zip _____

Phone numbers:

Mom _____ Dad _____ Student _____

e-mail address:

Emergency Contact (other than parent/guardians):

_____ Phone _____

Medical Release: I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child(ren) upon consent of a Canton Lutheran Church, Canton, SD, staff member or designated volunteer. The purpose of this authorization is to permit my child(ren) to receive emergency medical attention when needed while involved in the activities connected with Canton Lutheran Church's Christian Education programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective until specifically terminated by parent or guardian.

Signature of Parent/Guardian _____ **Date** _____

Photo Release: Canton Lutheran Church may use names and/or pictures of your child(ren) in church publications, including, but not limited to projector presentations, website, and promotional materials.

Signature of Parent/Guardian _____ **Date** _____

Parents are their children's first teachers in all areas of life. Prayerfully consider being a spiritual leader for your child by helping with Christian Education classes in some way.

_____ Please contact me, I want to help.