



Sunday School Registration 2018-2019!

Student's Name: _____

Age/Grade: _____

Does your child have a nickname you would like us to call him/her?: _____

Address: _____

City/Zip: _____

Parent Email: _____

Birthday: _____ Baptized: Yes/No, Date (if known): _____ Member of Light of the Hills: Yes/ No

Parents/Guardian: _____ Phone: _____

Brothers/Sisters: _____ Age/Grade: _____

Physician's Name: _____ Phone: _____

Does your child have any allergies? _____

Is there anything we should know about your child that will help us in teaching and guiding your child in their walk with Jesus? _____

Who can pick up your child from Sunday School or Children's Ministry activities?:

Name: _____ Phone: _____

Name: _____ Phone: _____

Who else could we contact in the event of an Emergency (if parents cannot be reached):

Name: _____ Phone: _____

Name: _____ Phone: _____

**Light of the Hills Lutheran Church Sunday School exists to aid parents in
"Growing children in God's Word to reflect
His Light and Love to the World!"**

Liability Release on opposite side→

Light of the Hills Lutheran Church (530) 677-9536
3100 Rodeo Road, Cameron Park, CA 95682
Sunday School Children's Ministry 2014-2015

Privacy Policy

Light of the Hills Lutheran Church and its children's ministries will not release any information regarding you or your child to any third party under any circumstance, with the exception of medical personnel in the event of an emergency.

Photo Release

I give permission for any photos, videos or quotes taken of my child to be used for Light of the Hills children's ministry publicity, including but not limited to newsletters, brochures, websites and promotional videos.

Liability and Emergency Medical Release

After failed attempts to contact us (me), we (I) authorize the adult Light of the Hills Lutheran Church staff in who's care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the special supervision and on the advise on any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expense incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in who's care the minor has been entrusted while attending and participating in activities sponsored by Light of the Hills Lutheran Church.

We (I), the undersigned, for ourselves, our heirs, executors and administrators understand and agree that in consideration of the participation of my child in Sunday School and Children's ministry activities hereby agree to release, discharge and hold harmless Light of the Hills Lutheran Church, it's staff, officers and agents, from all liability and loss including court costs and attorney fees resulting from any property damage, personal injury and bodily injury including death to my child which is caused or claimed to be caused in whole or part by the negligent acts or omissions of Light of the Hills Lutheran Church, it's staff, officers and agents.

I have read the above statements and liability releases, including the attached **Age Appropriate Classroom Management Plan**, and I actively support the ministry of Light of the Hills Sunday School Children's Ministry through participation, appreciation, prayers, and continuing faith-formation in our home.

Signature of Parent/Guardian

X _____ Date: _____