

# St. Stephen Lutheran Church

1965 East County Rd E  
White Bear Lake, MN 55110  
(651) 777-1107  
[www.ststephenwbl.org](http://www.ststephenwbl.org)

# 2018-19 Children's Ministry Registration

Please print clearly. Complete  
**both sides** of this form **in its entirety**,  
and return to St. Stephen

If you have more than 3 children, please fill out a second form with just additional children's info, and attach to this form.

## Child's Information - Child 1

Sunday School 9:30 am     Wednesday Evening 7:00 pm

Full Name: \_\_\_\_\_  Male  Female School District: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade 2016-17: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Child Lives With:  Both Parents  Mom  Dad  
 Other \_\_\_\_\_

## Child's Information - Child 2

Sunday School 9:30 am     Wednesday Evening 7:00 pm

Full Name: \_\_\_\_\_  Male  Female School District: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade 2016-17: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Child Lives With:  Both Parents  Mom  Dad  
 Other \_\_\_\_\_

## Child's Information - Child 3

Sunday School 9:30 am     Wednesday Evening 7:00 pm

Full Name: \_\_\_\_\_  Male  Female School District: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade 2016-17: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Child Lives With:  Both Parents  Mom  Dad  
 Other \_\_\_\_\_

## Parent/Guardian Information

Parent 1 Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Parent 2 Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

**Emergency Contact Information** (fill in all completely)

Emergency Contact 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Health Information**

Dr./Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Med Insurance Co: \_\_\_\_\_ Policy/ID No: \_\_\_\_\_

Please use this space to tell us of any allergies, illnesses, or physical restrictions your child has. If special care needs to be given (in case of allergic reaction, asthma attack, etc.), please be very specific. If you have any specific concerns, please speak with a staff member.

**Information Concerning Child(ren) and Learning**

Please share any behavioral issues of which we should be aware.

**Promotional Release**

I give permission for my child's photo to be used for publicity purposes (newsletters, future VBS materials, etc.) without compensation:  Yes  No

**Parental Release**

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Sunday School and/or Wednesday evening Children's Ministry at St. Stephen Lutheran Church including all activities. In the event of an emergency and I cannot be reached, I give permission for the supervising St. Stephen staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

*(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date