

St. Stephen Lutheran Church

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

2023-24 Faith Education Registration

~ Children ~

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 #1 info **Weekly for pre-school thru grade 4** **Sun:** 9:30-10:30am **Wed:** 6:00-6:45pm

Full Name: _____ Child Lives With: Both Parents Mom Dad
 Other _____

Address (if different): _____ City/St/Zip: _____

Home #: _____ Date of Birth: _____ Gender: _____

School District: _____ Grade 2023-24: _____

Child #2 info **Weekly for pre-school thru grade 4** **Sun:** 9:30-10:30am **Wed:** 6:00-6:45pm

Full Name: _____ Child Lives With: Both Parents Mom Dad
 Other _____

Address (if different): _____ City/St/Zip: _____

Home #: _____ Date of Birth: _____ Gender: _____

School District: _____ Grade 2023-24: _____

Child #3 info **Weekly for pre-school thru grade 4** **Sun:** 9:30-10:30am **Wed:** 6:00-6:45pm

Full Name: _____ Child Lives With: Both Parents Mom Dad
 Other _____

Address (if different): _____ City/St/Zip: _____

Home #: _____ Date of Birth: _____ Gender: _____

School District: _____ Grade 2023-24: _____

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