

SUNDAY SCHOOL CHILD EMERGENCY FORM

CHILD'S NAME: _____ GRADE: _____

PARENT 'S NAME: _____

PARENT'S CELL PHONE #: _____

PARENT EMAIL ADDRESS (your address will not be given out, we will be emailing the monthly newsletter and other communication items to you):

MAILING ADDRESS (if the church office doesn't already have it)

_____ City _____ Zip _____

How would you like to receive updates and important information about Sunday School and other happenings at St. Paul church? (Please mark all that apply)

Mail _____ Email _____ Text Message _____ Social Media _____

FOOD ALLERGIES and OTHER INFORMATION YOU FEEL WE NEED TO BE AWARE OF:

I give permission and consent to allow photographs, video and interviews to be taken during the Sunday School year. I further give consent that any such images or interviews may be published and used to illustrate and promote St. Paul Lutheran Church and groups associated with St. Paul Lutheran Church.

Parent/Guardian Signature: _____ Date: _____