



# St. Paul's Lutheran School Registration Form



Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City State Zip

E-mail Address \_\_\_\_\_

Church Home \_\_\_\_\_ Baptism Date \_\_\_\_\_

\*Additional Information: \_\_\_\_\_

Place of Employment(Father): \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment(Mother): \_\_\_\_\_ Phone: \_\_\_\_\_

Who should be contacted in case of emergency and the patents are not available:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor or Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Any medical concerns that the classroom teachers should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do hereby authorize officials of St. Paul's Lutheran School to contact directly the persons named on this sheet and do authorize the named physicians or clinic to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this sheet, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school financially responsible for the emergency care and/or transportation for the said child.



\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date