

# Wednesday School Registration 2018-2019

Child 1 First Name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Grade in 2018-2019: \_\_\_\_\_

Child 2 First Name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Grade in 2018-2019: \_\_\_\_\_

Child 3 First Name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Grade in 2018-2019: \_\_\_\_\_

Child 4 First Name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Grade in 2018-2019: \_\_\_\_\_

During activities your child participates in we may take pictures to publish. If you would **NOT** like your child's pictures used in publications, please initial on this line. \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name (1): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian Name (2): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Volunteer Opportunities:** We are always looking for teachers. If you volunteer, the fee for the child's classroom that you teach in will be waived.

Please indicate what grade level you are willing to co-teach here \_\_\_\_\_.

THE WEDNESDAY SCHOOL FEE IS;  
\$35.00 PER STUDENT  
\$75.00 FAMILY MAX  
THE FEES ARE USED WITHIN THE  
YEARLY BUDGET FOR CHILDREN'S  
MINISTRY PROGRAMMING.

# Wednesday School Parent/Guardian Consent Form 2018-2019,

\_\_\_\_\_, am the parent or legal guardian of the child(ren) listed below, and I am informed of the activities offered by Our Savior's Lutheran Church located at 1207 Prairie Avenue in the city of Faribault, County of Rice, and State of Minnesota, beginning on the day of August 1, 2018 and ending on the day of July 31, 2019.

As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all on site activities provided by Our Savior's Lutheran Church.

\_\_\_\_\_  
Signature of Parent or Guardian

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

## Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, \_\_\_\_\_ am the parent or legal guardian of the below named child(ren). I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child(ren), I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person is required by law.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)

The information below must only be filled out for all students enrolled in programming at Our Savior's Lutheran Church. Child's Name Birth date Allergies/Medications (Attach an explanation if necessary.)

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

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Health Insurance Company and pertinent subscriber number \_\_\_\_\_

Please list any Activities that your child should not participate in: \_\_\_\_\_

\_\_\_\_\_