



**Zion Lutheran Church-Missouri Synod**

**121 Bluejay Avenue -- Mayer, Minnesota 55360**

**www.zionmayer.org**

**Sharing Hope ~ Teaching Christ**

**Registration Form for 2019-2020**

Name of child: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Baptism date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Contact: (name, address, & cell number)

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

Name of persons who may pick child up from Sunday School:

\_\_\_\_\_

Allergies, medical conditions, or other medical concerns:

\_\_\_\_\_

Does your child have an Epi- pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anything you would like us to know about your child? \_\_\_\_\_

If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help at: (list hospital)

I give permission to take my child's picture for classroom projects and/or church website \_\_\_ Yes \_\_\_ No

Parent's Signature \_\_\_\_\_

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