



Hope Lutheran Church  
3yrs—5th Grade Education Registration  
2020-2021

There are NO FEES this year for classes!  
Donations to our Youth Program are always accepted!

Circle your choice: I/We will attend    Sunday Moring    Wednesday Night

1. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Grade in School: \_\_\_\_\_ Birthday: \_\_\_\_\_

2. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Grade in School: \_\_\_\_\_ Birthday: \_\_\_\_\_

3. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Grade in School: \_\_\_\_\_ Birthday: \_\_\_\_\_

4. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Grade in School: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parents/Guardians

Names: \_\_\_\_\_

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

Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

E Mail Address that is used daily: \_\_\_\_\_

Church Information:

Member at Hope: yes: \_\_\_\_\_ No: \_\_\_\_\_ Other Church Membership: \_\_\_\_\_

I/We have had First Communion Classes (List Names) \_\_\_\_\_

I/We have had acolyte training (list Names): \_\_\_\_\_

Check here that it is ok to publish photos of your child/children.

This is Covid Free Fee year! Come and join the FUN for FREE!

Donations to our Youth Program are always accepted!

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

**Please fill out other side**

**Permission / Release Form for Hope Lutheran Church**

(You may list all children on this one sheet, please list special instructions on a separate sheet of paper if needed for individuals)

Student(s) Name: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

To whom it may concern:

As legal parent / guardian, (we) hereby give permission for my (our) child, to attend and participate in all Hope Lutheran Church Sponsored events. I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical/ or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of The Medical Practice Act on the medical staff of Q licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay ail costs and expenses incurred in connection with such medical and dental services to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to be returned home prematurely for medical, legal, behavior, or other reasons, the undersigned shall assume all expenses involved. The undersigned also gives permission for my (our) child to be a passenger in any vehicle that has the appropriate insurance coverage and is driven by appropriate persons designated by Hope Lutheran Church of Eau Claire WI.

Parents Name: \_\_\_\_\_

Written Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Policy and Group Number: \_\_\_\_\_

Allergies \_\_\_\_\_

Medications and /or medical cautions leaders/teachers should be aware of:

**Please list an Emergency Contact Number other than parents:**

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