

2024-2025 Sunday School Registration Form

St. Peter Lutheran Church

Name: _____ Grade: _____ Gender _____

Birth date: _____ Has your child been baptized? Yes _____ No _____

If in 4^k-2nd Grade, does your child have a Spark Story Bible? Yes _____ No _____

If in 3rd-5th Grade, does your child have a Spark NRSV Bible? Yes _____ No _____

Which forms of communication work best for your family?

Newsletter _____ E-mail _____ Text _____ Phone call _____ Letter _____ Other _____

Home Address: _____

Street

City

Zip

School: _____

Parent/Guardian Name _____ Email _____

Phone: _____ Cell Phone _____

Best time to reach Me (parent) at home/cell/ or work? _____

Parents/Guardians are asked to serve as volunteers in Sunday School throughout the year. What are your top preferences for serving? We will contact you with more information.

_____ Classroom Helper

_____ Teaching Team (3 adults working together to teach a grade level with a rotating schedule)

_____ Christmas Program Planning Team

_____ Sunday School Large Group Openings and Closing

_____ Behind the scenes set-up and organization of materials

_____ Special Events

_____ Driver for Special Events

Parent/Guardian Name _____ Email _____

Phone: _____ Cell Phone _____

Best time to reach Me (parent) at home/cell/or work? _____

Address (if different than above) _____

Parents/Guardians are asked to serve as volunteers in Sunday School throughout the year. What are your top preferences for serving? We will contact you with more information.

_____ Classroom Helper

_____ Teaching Team (3 adults working together to teach a grade level with a rotating schedule)

_____ Christmas Program Planning Team

_____ Sunday School Large Group Openings and Closing

_____ Behind the scenes set-up and organization of materials

_____ Special Events

_____ Driver for Special Events

Are there other ways that we can come alongside your family? If so, what would be helpful? _____

Please complete reverse side



2024-25 Youth Medical Release and Consent Form

St. Peter Lutheran Church, Prairie du Chien, Wisconsin

Youth Name: _____ Date of Birth: _____

Emergency Contact Name: _____

(Individual needs to be someone other than the child's parents/guardians who can be contacted if the parents/guardians cannot be reached in the event of an emergency.)

Emergency Contact's Phone: (day) _____ (cell) _____ (evening) _____

Emergency Contact's Relationship to the child: _____

List any allergies: (food, medications, latex, insect stings, etc.) _____

Is your child currently taking any medication? _____ if yes, please list: _____

Please list any medical conditions or concerns that would affect treatment for your child: _____

Are there any known conditions that would prevent your child from participating or engaging in any activities or events? _____

Participation Consent and Authorization to Consent to Medical Treatment

I / We the parents or legal guardians of _____, a minor, give my / our consent for my child to attend and participate in the customary youth activities at St. Peter Evangelical Lutheran Church, 201 South Michigan Street, Prairie du Chien, WI and off property activities sponsored by the Church. I understand that there will be adult supervision at this event. I give my consent for my name, phone number, and email address to be shared with other Sunday School families for the purposes of communications for Sunday School.

I / We hereby authorize St. Peter Evangelical Lutheran Church personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and St. Peter Evangelical Lutheran Church is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

Image Consent

I/We do _____ do not _____ give my consent for photographs and video images of my child to be used on the St. Peter website, St. Peter Facebook page, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Please list anything else you feel the Sunday School Planning Team should be aware of (physical, emotional, or spiritual issues, family history, school & learning conditions) that would be a benefit to us as we relate to your child. Are there accommodations that would be helpful for your child? If so, please explain. *St. Peter's Pastor and your student's teacher(s) will receive a copy of this registration and release form. This information will be shared with other St. Peter staff on a need to know basis only.*