

Our Savior's Lutheran Church
School Registration 08-09

2124 Viola Rd NE
Rochester, MN 55906
507-289-3021
www.rochesterolsc.org

Child Information

Child's Name _____

Age: _____ Birth Date _____ Baptism Date _____

Grade Fall 2009 _____

Known allergies or medical concerns _____

If my child needs medical treatment while participating, it is my wish that treatment be started while efforts are being made to contact me. I consent to medical procedures deemed necessary by the physician while efforts are continuing to contact me. I accept responsibility for all cost related to such emergency treatment. Yes _____ No _____

.....
Family Information

Parents Name _____

Address _____

Phone _____ Cell _____

E-mail _____

Emergency Contact _____

Phone Number (s) _____

Relationship to Child _____

Who is authorized to pick up your child from Sunday school?

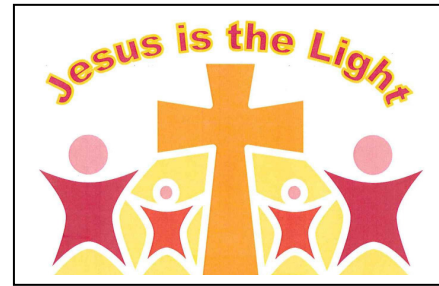
1. _____

2. _____

3. _____

_____ I give my permission to use pictures and the name of my child in publications from Our Savior's Lutheran Church, which may include: Bulletin Boards, ECHOES newsletter, Our Savior's Website (first name only).

Parent Signature _____ Date _____



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