

Emaus/Emmaus Lutheran Church
God Time Registration
2014-15

Name _____
Last First Middle

Address _____
Street City Zip

Home Phone _____ Date of Birth _____ Age _____

School Attending _____ Grade _____

Church Affiliation _____ Baptized ___Yes ___No

Parent(s)/Guardian(s):

Mother _____
Name Work Phone Cell Phone

Father _____
Name Work Phone Cell Phone

Please list the names and phone numbers of two people who are authorized to pick up your child in case of emergency or sickness.

Name _____
Relationship Phone

Name _____
Relationship Phone

Photograph consent: I give my consent to take my child's photograph during God Time activities to be used for grant writing. ___Yes ___No

Please tell us anything about your child that you think would be helpful for us to know. Include special needs, allergies, medications and/or diet restrictions.

Parent/Guardian Signature

Date