

Calvary Lutheran Church
Learning in Motion Registration
(Please complete one form for each child in your family)

Student Information:

Name _____ Birth Date _____
Last First Middle

Student's Grade in School (or year they will enter Kindergarten): _____

Is the student a member of Calvary? [] Yes [] No

Has the student received instruction for their 1st Communion? [] Yes [] No

Family Information:

Parents/Guardians with whom student resides:

Name: _____ Street Address: _____

City _____ State _____ Zip Code _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____

E-Mail Address: _____

Are you a member of Calvary? [] Yes [] No

Would you consider volunteering to assist in our Learning in Motion program? [] Yes [] No
(Many volunteers are needed to do a variety of things including teaching and/or assisting with a class; donating supplies; donating snacks.)

Where can you be reached while Learning in Motion is in session? _____

Emergency and Other Information:

Please list person, other than the parents, who has permission to pick up your child (be aware that identification may be requested for the safety of the children):

Name: _____ Relationship to child: _____

Allergies/Concerns (including drug allergies) _____

Special needs or disabilities: _____

I *give* or *deny* (circle one) permission for my child's picture, if taken during LIM, to be used in future promotional material.

Parent/Guardian Signature _____

Date _____

Completed Medical Release Form on back is required.

MEDICAL RELEASE

Confidential Information

I understand that in the event of emergency or if any medical or surgical care becomes necessary for (student's name), _____ every attempt will be made to contact their parent or legal guardian.

If I am not available, I grant those in charge of the event authorization to secure medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such an emergency. We release and discharge the Evangelical Lutheran Church in America and/or its representatives (Calvary Lutheran Church) involved in this event from any liability whatsoever in exercising this permission.

Signature of Legal Parent or Guardian: _____ Date: _____

Parent or Legal Guardian: (please print) _____

Address: _____

Daytime Phone:() _____ Evening Phone:() _____ Cell Phone:() _____

Emergency contact (other than parent or guardian): _____

Daytime Phone:() _____ Evening Phone:() _____ Cell Phone:() _____

Relationship to minor: _____

Physician Name: _____ Physician Phone:() _____

Insurance Company: _____ Policy Number: _____

Are all required immunizations current? []Yes []No

Date of last tetanus shot: _____

Current medication: _____

We want to serve the needs of your child to the best of our abilities. If your child has any special needs that you would like us to be aware of to make your son/daughter's Learning in Motion experience an enjoyable one, please contact the church office at (253) 839-0344