

Light of Christ Lutheran Church

2400 SW 344th Street
Federal Way, WA 98023

(253) 874-2517

Registration/Emergency/Photo Release Form

**Sunday School
September 2021-June 2022**

Legal Guardian/Parent

Last Name: _____ Mother: _____ Father: _____

Address: _____ Main Phone: _____

City: _____ Zip: _____ Secondary Phone: _____

Main Email: _____

Emergency Information

Emergency contact name & relationship: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Special Information: (i.e. allergies/medical problems) _____

Parent/Legal Guardian Signature: _____

If for any reason, I or my emergency contact cannot be reached and a medical emergency arises, I give permission for my child/children to be treated by "911" responders and/or a licensed physician.

Parent/Legal Guardian Signature: _____

I hereby give my consent to Light of Christ Lutheran Church and Preschool to photograph and videotape and then use, reproduce and publish said images of me and/or my child/children for purposes such as publicity, illustration, advertising, and Web content.

Parent/Legal Guardian Signature: _____

Child(ren) Being Registered

First Name (Last Name -if different)	Birthdate	Age	Baptized? (Y/N)	Grade in '21-'22

If you are a Guest(s);

What is your Church Affiliation: _____ Are you looking for a church home? Yes / No