

**HOLY CROSS LUTHERAN SUNDAY CHURCH SCHOOL
REGISTRATION FORM
September 2015-June 2016**

ONE FORM PER CHILD

PLEASE COMPLETE BOTH SIDES AND SIGN THE BACK

CHILD'S NAME: _____

HOME ADDRESS: _____

(street address)

(town, state, zip)

CHILD'S BIRTHDATE: ____/____/____ AGE AS OF SEPT. 1st ____ GRADE 2015: ____

PARENTS' NAMES: _____

HOME PHONE: _____ PARENT CELL: _____

PARENT EMAIL: _____

EMERGENCY CONTACT NAME AND PHONE OTHER THAN PARENT: _____

_____ **I GIVE MY PERMISSION TO ALLOW PICTURES OF MY CHILD TO APPEAR ON THE HOLY CROSS WEBSITE**

_____ **I DO NOT GIVE MY PERMISSION** Please initial here _____

Is your child involved in or interested in joining any of the following?

A. Singing choir (all grades) YES ____ NO ____

B. Handbells (grade 5 and above) YES ____ NO ____

C. Does your child play a musical instrument YES ____ NO ____

If yes, what instrument: _____

D. Will your child be enrolled in our Catechetics (Confirmation) Program (grade 7 and up)

YES ____ NO ____

E. Will your child be involved in Youth Group? YES ____ NO ____
(Youth Group begins in grade 5)

**HOLY CROSS SCS HEALTH FORM
2015 - 2016**

CHILD'S NAME: _____

HEALTH HISTORY (please check all that apply)

- | | | |
|---------------------------|-----------------------------|--|
| _____ Frequent colds | _____ Seizure disorder | _____ Stomach upsets |
| _____ Diabetes | _____ Motion sickness | _____ Asthma |
| _____ Emotional upsets | _____ Sleep disturbances | _____ Physical disability |
| _____ Learning disability | _____ Behavioral disability | _____ Vision (glasses, contact lenses) |
| _____ Hearing disability | | |

ANY ALLERGIES TO FOOD OR MEDICATION? YES ___ NO ___

If Yes, please list _____

Is your child taking any medications or have other issues that might affect his/her learning or behavior during Sunday Church School? YES ___ NO ___

If yes, please explain: _____

Any disabilities, please explain _____

Are you available to assist in your child's class 2 or 3 times during the year? Yes ___ No ___

PARENT'S SIGNATURE _____ DATE _____