



# CHURCHSCHOOL

## Child Information

Updated 4/2022

Complete a new form for each child.

**Name (First and Last)**

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**Nickname child prefers to go by at church school**

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**Gender**

☐ Male ☐ Female

**Birthdate**

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**Grade**

☐ P3 (Birthdate 9-1-18 to 8-31-19)

☐ P4/5 (Birthdate before 9-1-18, but not starting Kindergarten this year)

☐ Kindergarten

☐ 1st Grade

☐ 2nd Grade

☐ 3rd Grade

☐ 4th Grade

☐ 5th Grade

**School**

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**Allergies?**

☐ No

☐ Yes- Please list:

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**Medical Conditions**

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**Does your child require support or accommodations in order to participate in church school?**

☐ No

☐ Yes (We will contact you to learn more about your child.)

**Preferred Church School Time**

☐ Sunday 9:20-10:05

☐ Sunday 10:50-11:35

☐ Wednesday 4:15-5:00

**Heavenly Harmonies (HH) is a children's choir for kids in grades 1-5.**

- Kids in Sunday church school practice on Sundays from 10:00-10:30 in the chapel.
- Kids in Wednesday church school practice on Wednesdays from 5:00-5:30pm in the chapel.
- Each group sings in worship approximately once a month.

☐ Sign up

☐ No thanks

## Emergency Contacts

Please provide the names and phone numbers of those who should be contacted in case of emergency during church school. A parent or guardian should be listed as emergency contact #1 in most cases.

**Emergency Contact #1 Name / Phone**

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**Emergency Contact #2 Name / Phone**

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## Permissions

Events may be photographed or videoed for publicity purposes and may be posted on the Gloria Dei website and/or social media platforms. Please contact Gloria Dei to opt out.

I give permission for my child to attend and participate in the above event sponsored by Gloria Dei Lutheran Church. In the event that I am not immediately available for consultation in an emergency, I authorize an adult, in whose care my child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my child under the general or special supervision and on the advice of any licensed physician or dentist on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization.

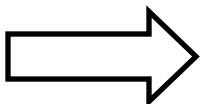
☐ Yes

☐ No

I consent to receive communications (which may include a phone, mail, email) from Gloria Dei. I understand I may proactively manage my preferences or opt-out of communications with Gloria Dei at any time by contacting the Church Office.

☐ I agree

Parent signature



Remember to complete a Household Registration Form for each household your child is a part of.  
**Registration is not complete until BOTH forms have been submitted.**