**2021-22 SUNDAY SCHOOL REGISTRATION FORM (Page 1 of 2)**

**ST. PETER’S LUTHERAN CHURCH**

**1201 Courthouse Road, Stafford, VA 22554 (540) 659-6366**

Sundays from 11:15am- noon

*Ages 3 -18*

PARENT’S FIRST & LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS, CITY, ST, ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY CHURCH: (please include city & state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOULD YOU LIKE MORE INFORMATION ON ST. PETER’S LUTHERAN CHURCH?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1ST CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE:\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_ CURRENT SCHOOL GRADE: \_\_\_\_\_\_

Please indicate any special needs such as Allergies, Food Allergies, Other Medical Conditions, Concerns, Current medications, etc.

2ND CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTHDATE:\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_ CURRENT SCHOOL GRADE:\_\_\_\_\_\_

Please indicate any special needs such as Allergies, Food Allergies, Other Medical Conditions, Concerns, Current medications, etc.

3RD CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTHDATE:\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_ CURRENT SCHOOL GRADE:\_\_\_\_\_\_

Please indicate any special needs such as Allergies, Food Allergies, Other Medical Conditions, Concerns, Current medications, etc.

4TH CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE:\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_ CURRENT SCHOOL GRADE:\_\_\_\_\_\_

Please indicate any special needs such as Allergies, Food Allergies, Other Medical Conditions, Concerns, Current medications, etc.

### Medical Release

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) give permission to St. Peter’s Lutheran Church and it’s associates and volunteers to administer minor first aid care & seek emergency medical care for the child/ children listed above. I/We will be responsible for ALL medical charges upon receipt of all billing statement(s) in the event care is required. St. Peter’s Lutheran Church and its associates and volunteers are released from any and all responsibilities and liability in regards to decisions made during the time of obtaining medical treatment for my child/ children. In the event of an emergency, that I/We cannot be reached, an associate from St. Peter’s Lutheran Church has the authority to make an EMERGENCY DECISION, ***based only on the advice of the doctor in charge***, to administer treatment if necessary.

DOCTOR’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHERE CAN YOU BE REACHED IN CASE OF AN EMERGENCY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We understand and agree to the medical release as stated above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

(Parent/Guardian Signature)

### Pick-up Policy

If you will not be picking up your child/ children, please indicate the authorized person(s) responsible.

I/We authorize ONLY persons listed below to pick up my child(ren) from VBS at St. Peter’s Lutheran Church. I understand that any change to this request must be done in writing and presented to the Vacation Bible School Director during pick up the day before, or, during drop off that morning. This policy will be strictly enforced to insure the safety of the children.

Pick-up Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-up Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian Signature)

**2020-21 REGISTRATION FORM (Page 2 of 2)**

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***Consent and Indemnification/Liability Release***

In consideration of being accepted by St. Peter’s Lutheran Church for participation in Sunday School, we (I)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parents or legal guardians of and on behalf of [minor child]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby agree to hold harmless from, indemnify, and defend against, including the payment of attorney’s fees, the St. Peter’s Lutheran Church, its trustees, ministers, staff, officers, and volunteers, including volunteers pertaining to the above trip or activity, any and all claims, liability, allegations of personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever that may be incurred by the undersigned and/or child participant that may occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) (and on behalf of our {my} minor child participant) assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in any and all activities involved herein.

I further consent for myself and minor child, while participating in activities or using the services of St. Peter’s Lutheran Church, for photographs to be taken and displayed and video recordings made and broadcast without compensation and agree that all such materials, including negatives, are the sole property of St. Peter’s Lutheran Church.

I give permission for my child to fully participate in **all** St. Peter’s Sunday School activities (online, inside and outdoors.) I will be available to pick up my child if my child has adjustment or behavior problems.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Legal Guardian Signature)

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**For more information contact Paige Bowden, Christian Education Director at (540) 659-6366 or rckndred@gmail.com**