



Children's Spiritual Life Parent & Allergy Information 2021-2022

Parents / Guardian Information:

Name:		
Street Address:		City, State, Zip
Home Phone:	Mother cell phone:	Father cell phone:
Mother email address:		Father email address:
Is there another adult who is authorized to pick up your child(ren)?		
Emergency contact if parent/guardian is unavailable (name and phone):		

Participation Preferences for Sunday School

Check all that apply:

- In-person, in classrooms for small group time
- In-person, spread out in open area (lower level & Charter Hall)
- In-person, outside only weather permitting
- We'd prefer at at-home kits at least thru December

Let's serve together!

Name:		Email address:
Home Phone:	Work phone:	Cell Phone:

Please check all that apply:

<p>Sunday mornings:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Greeter / Check-in <input type="checkbox"/> Opening crew / stories 3yrs – K <input type="checkbox"/> Opening crew / stories 1st – 5th grade <input type="checkbox"/> Music 3yrs - K <input type="checkbox"/> Music 1st - 5th grade <input type="checkbox"/> Small group leader 3yrs – K <input type="checkbox"/> Small group leader 1st – 5th grade <input type="checkbox"/> Supply coordinator 3yrs – K (can be done any time) <input type="checkbox"/> Supply coordinator 1st – 5th (can be done any time) <input type="checkbox"/> Small Group Substitute 3yrs – K <input type="checkbox"/> Small Group Substitute 1st – 5th grade 	<p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CSL team <input type="checkbox"/> 0 – Kindergarten Ministries <input type="checkbox"/> 1st – 3rd Ministries <input type="checkbox"/> 4th – 5th Ministries <input type="checkbox"/> Family Ministries <input type="checkbox"/> Photographer <input type="checkbox"/> I have an idea: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>Behind the scenes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Special events <input type="checkbox"/> Meals for special events <input type="checkbox"/> When something comes up <input type="checkbox"/> I will pray for the children and adults participating in this ministry!
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I, the undersigned, attest and warrant that I am the parent, guardian, or managing conservator of the child(ren) listed below and that I have the legal authority to sign permission, release and consent to medical treatment.

Signed: _____ Date: _____
(Parent or Guardian)

Child:

Name:	Date of birth:	Grade:
Allergies or other medical conditions & necessary treatment:		
School your child attends:	Extra activities – sports, musical instrument, dance, etc.	
Anything we need to know about your child:		

Child:

Name:	Date of birth:	Grade:
Allergies or other medical conditions & necessary treatment:		
School your child attends:	Extra activities – sports, musical instrument, dance, etc.	
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Child:

Name:	Date of birth:	Grade:
Allergies or other medical conditions & necessary treatment:		
School your child attends:	Extra activities – sports, musical instrument, dance, etc.	
Anything we need to know about your child:		

Grade: Preschool, K, 1st - 5th
Preschoolers will be grouped by age according to birth dates.

PARENTAL CONSENT

I hereby authorize and give my consent for my child(ren) to participate in Atonement Lutheran Church sponsored trips and activities on and off the premises of Atonement and to ride in any vehicle provided by Atonement or owned by private individuals. I also understand that if my child(ren) becomes unmanageable or a discipline problem, Atonement may send them home immediately at my expense and I will forfeit my money paid for my child(ren)'s participation in the event.

Signed: _____ Date: _____
(Parent or Guardian)

PHOTOGRAPHY RELEASE

Activities sponsored by Atonement Lutheran Church are often photographed and/or videotaped. As parent or guardian, I give my permission for my child(ren) listed above to be photographed and/or videotaped with the understanding that the photographs/video may be used for such purposes as scrap books, video presentation, Facebook, website, publicity, etc. by Atonement Lutheran Church and its Representatives.

Signed: _____ Date: _____
(Parent or Guardian)

MEDICAL RELEASE

I understand that, if medical treatment is required, every effort will be made to contact me. In the event of an emergency, I hereby authorize Atonement Lutheran Church and its staff, employees, drivers, sponsors, volunteers, and helpers (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical care including without limitations X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care for my child(ren) and I hereby release Atonement Lutheran Church and its Representatives from any financial liability incurred during such emergency treatment.

Signed: _____ Date: _____
(Parent or Guardian)

CHURCH RELEASE

I hereby release Atonement Lutheran Church and its Representatives from any liability for injury or damages suffered by the above child(ren) and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless Atonement Lutheran Church and its Representatives for claimed or asserted injury or damage to my child(ren).

Signed: _____ Date: _____
(Parent or Guardian)

ACKNOWLEDGMENT

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me or one year from this date, whichever comes first.

Signed: _____ Date: _____
(Parent or Guardian)