



Hope Lutheran Church
3yrs—5th Grade Education Registration
2021-2022

\$20.00/child \$50.00 family cap
Donations to our Youth Program are always accepted!

Circle your choice: I/We will attend Sunday Moring Wednesday Night

1. Child Name: _____ Age: _____ M or F

Grade in School: _____ Birthday: _____

2. Child Name: _____ Age: _____ M or F

Grade in School: _____ Birthday: _____

3. Child Name: _____ Age: _____ M or F

Grade in School: _____ Birthday: _____

4. Child Name: _____ Age: _____ M or F

Grade in School: _____ Birthday: _____

Parents/Guardians
Names: _____

Address: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

E Mail Address that is used daily: _____

Church Information:

Member at Hope: yes: _____ No: _____ Other Church Membership: _____

I/We have had First Communion Classes (List Names) _____

I/We have had acolyte training (list Names): _____

Check here that it is ok to publish photos of your child/children.
This is Covid Free Fee year! Come and join the FUN for FREE!
Donations to our Youth Program are always accepted!

Signature: _____

Date: _____

Please fill out other side

Permission / Release Form for Hope Lutheran Church

(You may list all children on this one sheet, please list special instructions on a separate sheet of paper if needed for individuals)

Student(s) Name: _____

Grade(s): _____

Address: _____ Phone#: _____

To whom it may concern:

As legal parent / guardian, (we) hereby give permission for my (our) child, to attend and participate in all Hope Lutheran Church Sponsored events. I (we) authorize an adult, in whose care the minor 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 the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of The Medical Practice Act on the medical staff of Q licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay ail costs and expenses incurred in connection with such medical and dental services to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to be returned home prematurely for medical, legal, behavior, or other reasons, the undersigned shall assume all expenses involved. The undersigned also gives permission for my (our) child to be a passenger in any vehicle that has the appropriate insurance coverage and is driven by appropriate persons designated by Hope Lutheran Church of Eau Claire WI.

Parents Name: _____

Written Signature: _____ Date: _____

Medical Insurance Co.: _____

Policy and Group Number: _____

Allergies _____

Medications and /or medical cautions leaders/teachers should be aware of:

Please list an Emergency Contact Number other than parents:

Name: _____ Phone #: _____