

# Solid Rock Free Lutheran Registration Form

Date Completed: \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Church that you regularly attend and/or are a member of :

Solid Rock Free Lutheran Church  Other - \_\_\_\_\_  None

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Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_  
(Only if different from above) Street/Apt.# City State Zip Code

Church that you regularly attend and/or are a member of :

Solid Rock Free Lutheran Church  Other - \_\_\_\_\_  None

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Additional Emergency Contact \_\_\_\_\_

Relationship to children \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

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## Please list all children attending:

1. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
(If different from parents) Street/Apt.# City State Zip Code

Allergies/Reactions/Medical Conditions(s):  
\_\_\_\_\_

Special Needs/Instructions:  
\_\_\_\_\_

Please check all groups your child plans on attending:  Sunday School  Kids Klub  Nursery

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\*add additional children and sign on the back of the form\*

**2. Child's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
(If different from parents) Street/Apt.# City State Zip Code

Allergies/Reactions/Medical Conditions(s):  
\_\_\_\_\_

Special Needs/Instructions:  
\_\_\_\_\_

Please check all groups your child plans on attending:  Sunday School  Kids Klub  Nursery

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**3. Child's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
(If different from parents) Street/Apt.# City State Zip Code

Allergies/Reactions/Medical Conditions(s):  
\_\_\_\_\_

Special Needs/Instructions:  
\_\_\_\_\_

Please check all groups your child plans on attending:  Sunday School  Kids Klub  Nursery

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**4. Child's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
(If different from parents) Street/Apt.# City State Zip Code

Allergies/Reactions/Medical Conditions(s):  
\_\_\_\_\_

Special Needs/Instructions:  
\_\_\_\_\_

Please check all groups your child plans on attending:  Sunday School  Kids Klub  Nursery

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### PICTURES ON WEBSITE

If you do **NOT** want pictures of your children on the SRFLC website or Facebook page  
INITIAL HERE \_\_\_\_\_.

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In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. You signature authorizes the responsible person from Solid Rock Free Lutheran Church to have you child transported to that hospital and receive treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_