



2015-16 St. John's Orange Early Childhood Registration

If your child will be attending **Jr. Sunday School** (ages 2½ years & potty trained to Pre-K), a **\$10.00** annual donation is appreciated to offset costs of supplies, snacks & curriculum. Thank you!

PLEASE PRINT CLEARLY AND FILL IN ALL BOXES COMPLETELY.

OFFICE USE ONLY

CHECK ONE

- 1ST VISITOR
- JR SS
CLASS: _____
DON: _____
- NURSERY CARE
EVENT: _____

CHILD'S FIRST NAME	MIDDLE	LAST	GENDER M F
ADDRESS		CITY, STATE	ZIP
HOME PHONE ()	DATE OF BIRTH / /	BAPTIZED? YES NO	IF YES, WHEN? / /
ALLERGIES/MEDICAL CONDITIONS			

Other children in your household

CHILD'S NAME	DATE OF BIRTH	BAPTIZED?	ALLERGIES
CHILD'S NAME	DATE OF BIRTH	BAPTIZED?	ALLERGIES

Parents/Guardians

MOTHER/GUARDIAN NAME	CELL PHONE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED
EMAIL ADDRESS		
FATHER/GUARDIAN NAME	CELL PHONE	
EMAIL ADDRESS		

Emergency Contact (other than parents)

NAME	RELATION TO CHILD	PHONE
------	-------------------	-------

Please list any other **adults** who are authorized to pick your up child. ID may be required at time of pick up.
Children will NOT be released to minors.

NAME	RELATION TO CHILD
NAME	RELATION TO CHILD

MEDICAL CARE AUTHORIZATION

Pursuant to California Family Code §6910, I, _____, a parent/guardian having legal custody of _____, a minor child, hereby authorize St. John's Lutheran Church, an adult person into whose care such minor child has been entrusted, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing. This authorization shall remain effective until September 1, 2016.

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, a parent/guardian of _____, understand that from time to time pictures are taken during the activities at the St. John's Lutheran Church of Orange, CA, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be videotaped and/or photographed and used in the above listed manner.

Signed _____ Date _____

For more information please contact Sarah Bourne at (714) 288-4490 or sbourne@stjohnsorange.org
St. John's Lutheran Church 154 South Shaffer Street, Orange, CA 92866 (714) 288-4400