



# 2019–2020 VELC His Kidz Registration Form

## PreK3 yr olds thru 6th Grade

Grow-Proclaim-Serve

1. All children must be registered for Sunday School **EACH** year.
2. Classes available for **potty trained, classroom ready** children **3 yrs.** (by 9/15/19) **through 6th grade**
3. **Register due September 15th** and pay only \$15 per child or \$30 per family.
4. 1<sup>st</sup> class will be September 15<sup>th</sup>. We will meet in the sanctuary and go to class following the Children’s message. Please sign in at the back of the church. You will pick up your child in the classroom following the service.

**\*Scholarships available**—please contact Kay Johnson at [education@vernon-elca.org](mailto:education@vernon-elca.org)

If you are **interested in volunteering** (including as substitute) contact Kay at [education@vernon-elca.org](mailto:education@vernon-elca.org)

**Student Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Fall 2018 Grade** \_\_\_\_\_

**Medical/Allergy / Special Needs (see reverse side for more detailed info)**

**Parent’s Name:** (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**\*\*Emergency contact** \_\_\_\_\_ **relation** \_\_\_\_\_ **phone#** \_\_\_\_\_

**Other Persons Authorized to pick up child:**

**Name:** \_\_\_\_\_ **relation** \_\_\_\_\_

**Name:** \_\_\_\_\_ **relation** \_\_\_\_\_

As the parent of the above-named child. I/we understand that all students are expected to follow rules of courtesy, respect and safety. In the uncommon event that there is a medical emergency and I am not available, I give permission for the VELC Staff/volunteers to obtain all necessary emergency treatment for the above-named child. Vernon Evangelical Lutheran Church is hereby released from all responsibility to pay for such services. I/We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of an accident or injury.

I/We do \_\_\_\_\_ do not \_\_\_\_\_ give consent for photographs and video images of my child to be used on the church website, classroom videos/posters, church services and/or church publications.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONFIDENTIAL STUDENT INFORMATION**

We invite and welcome ALL children to our Sunday School program! If your child has special needs we ask you to meet with us before your child attends class so we can discuss how we can best meet the needs of your child and his/her classmates in the classroom setting. Please contact Kay Johnson to arrange a time when we can meet: 262-470-2327 or [education@vernon-elca.org](mailto:education@vernon-elca.org)

Please complete the following questions, where appropriate. Thank You!

1. Please share information about any allergies, & handling of these allergies, your student has of which we need to be aware (include such things as whether they carry an EPI):

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2. Please list below any medications your student takes of which we need to be aware:

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3. Please list below any educational, emotional or physical needs your student has that you would like to share with us so we can better meet his or her needs. Please include things that work well in making things the best environment or handling of behavior for your child:

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4. Please share below any Custodial Rights concerning your student about which we should be aware:

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5. Please use this space to share anything else you would like us to know about your child:

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“See what love the Father has lavished on us, that we are called the children of God.” 1 John 3:1