

Sunday School Registration Form 2021 - 2022

Mount Olive Lutheran Church
2350 148 St, Surrey, BC V4A 4M7
604-536-8527

Child's Name: _____ E-mail: _____

Address: _____ Postal Code: _____

Telephone No.: _____ Grade in School: _____

Birth Date: _____ Baptism Date: _____

Age: _____ Grade: _____

Father's Name: _____ Telephone No.: _____

Mother's Name: _____ Telephone No.: _____

Emergency Contact: _____ Telephone No.: _____

Relationship: _____

Is there anything you would like us to be aware of:

Are you able to volunteer on a regular or occasional basis?

Name

Date

Sunday School Medical Permission Form 2021 - 2022

Mount Olive Lutheran Church
2350 148 St, Surrey, BC V4A 4M7
604-536-8527

Child's Name: _____ E-mail: _____

Address: _____ Postal Code: _____

Telephone No.: _____ Birth Date: _____

BC Care Card No: _____

Physician's Name: _____ Telephone No.: _____

Does your child have any severe or life-threatening allergies? (ie. Peanuts, bee stings, penicillin, etc):

Does your child have any physical, emotional, cognitive or behavioural concerns or limitations?

Does your child have any medical conditions of which we should be aware?

In the event of accident, sickness or other medical emergency, I hereby authorize Mount Olive Lutheran Church to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parent or guardians will be notified at the earliest opportunity.

In the event of accident, sickness or other medical emergency, Mount Olive Lutheran Church, its pastors, staff and volunteers are hereby released from any liability

Name

Date