

HOPE LUTHERAN CHURCH
320 First St. S./P.O. Box 184
Ladysmith, Wisconsin 54848

Wednesday School Registration

Name(s) of parent/guardian:_____

Home Phone:_____Alternate Phone:_____

Mailing Address:_____

Email address:_____

Please list information for each child who will be attending:

1. Name:_____

Age:_____ Birthdate:_____ School Grade:_____

Allergies or health concerns:_____

2. Name:_____

Age:_____ Birthdate:_____ School Grade:_____

Allergies or health concerns:_____

3. Name:_____

Age:_____ Birthdate:_____ School Grade:_____

Allergies or health concerns:_____

4. Name:_____

Age:_____ Birthdate:_____ School Grade:_____

Allergies or health concerns:_____

Emergency Authorization - I hereby give permission for Hope Lutheran Church to seek emergency medical care for the minor child(ren) listed above. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

Signature of Parent/Guardian_____Date _____

I give permission for Hope Lutheran Church to publish photos and video of the above named minor child(ren) on their website, social media pages and any other forms of publicity.

Signature of Parent/Guardian_____Date _____