

Student Regist	ration Form	Choose One: ☐ Children's Church (pre-K-grade 3) ☐ 4/5 Club (grades 4 & 5) ☐ Confirmation (grades 6-8)
Student Name:		High School (grades 9-12)
Address:		Cell:
City, State, Zip:		Email:
Birthdate:	Age: Grade:	_
School Name:		
Baptism:	First Communion:	Confirmation:
Parent/Guardian Nam	ne:	Cell:
Address, if different:		Email:
Parent/Guardian Nam	ne:	Cell:
Address, if different:		Email:
Emergency Contact N	ame:	Cell:
Relationship:		
Medical Information		
Medical Alerts, Food ar	nd/or Drug	
Current Medications:		
Additional information	we should know:	
Insurance Carrier:	Policy #:	Group #:
Lutheran Church for the	e 2025-2026 programming year. In ca	o participate in any activity sponsored by St. Paul's use of an emergency, the adult in charge has administer over the counter medications as needed b
Parent/Guardian Signature		 Date

(MEDIA RELEASE ON REVERSE SIDE)

SOCIAL MEDIA COMMUNICATION

Per the Boundary Guidelines of St. Paul's, we will only communicate with parents of pre-K-grade 5 students. We will use the following parental consent to communicate with grade 6-12 students.

I grant permission to St. Paul's Lutheran Church to	text and use Facebook and/or Instagram to
communicate with my student.	
Yes No	
Restricted to:	
(Example: text only, text & Faceb	oook only)
Parent/Guardian Signature	Date
MEDIA RELEASE	
I grant permission to St. Paul's Lutheran Church to printed materials, videos, website, Facebook, and o	use the image of my student. Such uses include digital images for the 2025-2026 programming year
Parent/Guardian Signature	Date