



Name

Birth Date

Street Address

City, State, Zip

Home Phone

Cell Phone

E-mail

Parent(s) name(s)

In case of emergency contact

Allergies or other medical conditions

School grade just completed

Name of home church, if any

I hereby \_\_\_\_\_ GRANT  
\_\_\_\_\_ DO NOT GRANT (choose one)

Permission for: ST. PAUL'S LUTHERAN CHURCH  
To use pictures of my child \_\_\_\_\_  
on their website for informational or promotional  
purposes.

Parent/Legal Guardian  
(signature)