

SUNDAY SCHOOL CONTACT Information Form

Please complete one form per child every year and mail to the above address or drop off at the church office.

Child's Name	
Grade in September:	
Date of Birth:	
Special needs:	
Gender:	
Nickname:	
Allergies:	
Contact & Safety Information	
Name of Parents / Guardian:	
Primary home address:	
Best phone #:	
Primary email:	
Name of Person who may pick up child/ren:	
Emergency contact person:	
Best phone#:	
I give, Prince of Peace, permission to allow photos of my child for use on the congregation's website and or social media (names will never be used with pictures)	
I do not want photos of my child used in any way	

I / We hereby authorize emergency medical, dental, health or hospital services to be rendered to my child upon consent of Prince of Peace Lutheran Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with the Sunday School Church Program when I or my emergency contact is unavailable to give consent.

Signature:	Date:
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□ Please add me to the POP Weekly Announcement digital email.

For updates and more information about Prince of Peace Lutheran church: www.popmarlton.org