

Aurora Lutheran Church

Sunday School / Vacation Bible School Student Information

Student's Name: _____ **Date of Birth** _____

Grade entering this fall: _____ Known Allergies: _____

Student's Name: _____ **Date of Birth** _____

Grade entering this fall: _____ Known Allergies: _____

Student's Name: _____ **Date of Birth** _____

Grade entering this fall: _____ Known Allergies: _____

Contact Information:

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone Number: _____ Cell Number: _____

E-mail address: _____

Emergency Contact:

Name: _____ Phone Number: _____

Who is authorized to pick your child/children up from Sunday School:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Media Release and Waiver

Participant grants permission for Aurora Lutheran Church to use photographs, videos, audio recordings, or to otherwise document his/her participation in Aurora Lutheran Church programs, solely for the purpose of marketing, research and/or education.

Parent or Guardian Signature

Date