

St. Olaf Lutheran Church

601 6th Street NE
Devils Lake, ND 58301

phone: 701-662-4911
fax: 701-662-4820

Student Registration Form	
Name(s):	Birthdate(s):
Grade(s):	Parent/Guardian:
Phone (Home):	Phone (Cell):
Address:	
Email Address:	
<u>If you cannot be contacted, list another adult who should be contacted in case of emergency.</u>	
Name:	Relationship:
Phone (Home):	Phone (Cell):
Medical Overview	
Medical Condition:	
Any Known Allergies:	
Medications:	
Possible Side Effects:	
Physician:	

Continues on back

St. Olaf Lutheran Church

601 6th Street NE
Devils Lake, ND 58301

phone: 701-662-4911
fax: 701-662-4820

When to keep your child home due to illness:

- Vomiting
- Fever
- Contagious conditions
- Strep Throat: child must stay home until culture has been read. If positive, child must stay home until on medication for 24 hours.
- Lice: until treated and nit free
- Chicken Pox: 7-10 days or until all scab reas are dry

I (We) will notify the church immediately if the health status changes.

Photo Permission

Check one of these boxes:

- I, the undersigned parent/guardian, consent to my child(ren), registered on this form, attending St. Olaf Lutheran Church, Devils Lake for any function being photographed. I agree that St. Olaf Lutheran Church, Devils Lake shall have the right, but not obligation to use my child's photograph for their website, Facebook group, Newsletter, & for display at St. Olaf at any time and for any other purpose or materials the ministry deems necessary. The child's name will not be used with the photo.
- I, the undersigned parent/guardian, do not consent for photograph(s) of my child(ren), registered on this form, to be posted on St. Olaf's website, Facebook group, newsletter, or displayed at St. Olaf.

Contribution

Check one or more of these boxes:

- I, the undersigned parent/guardian, am willing to be on the St. Olaf Substitute Sunday School Teacher call list.
- I, the undersigned parent/guardian, am willing to bring snacks and/or juice for use during snack time at the St. Olaf Sunday School.
- I, the undersigned parent/guardian, will be praying for the teachers, leaders, students, and other volunteers of the St. Olaf Sunday School.

Parent/Guardian Signature: _____

Date: _____