



Lutheran Church of the Good Shepherd
3139 County Road 516 – Old Bridge, NJ 08857
732-679-8883 -- GS4NJ.ORG

*(please be sure to fill in front and back, **other children** can be listed on the back)*

1st Child's Full Name _____

Birth date _____ Age _____ 2018/2019 School Year Grade _____

Child has been baptized? Yes No

Allergies: _____ *Special Needs* _____

Behavioral / Relational / Social Issues _____

Parent or Guardians Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Home Phone _____ cell Phone _____

(Please specify which is best way to contact you!)

Parents are members of Good Shepherd? Yes No

In Case of Emergency, please call: Name _____

Phone Number: _____

Doctor: _____ Phone: _____

AUTHORIZATION TO TREAT A MINOR

In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church or its agents to consent to any diagnosis, examination, treatment of hospital care for my child, which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents fro responsibility in the case of an accident of illness in connection with any authorized church activities.

Signature of Parent/Guardian _____ Date _____

PERSONS AUTHORIZED TO PICK UP CHILD FROM SUNDAY SCHOOL

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

ACTIVITY LIABILITY RELEASE

It is understood that the undersigned agrees to accept full responsibility for my child's participation in any church related or sponsored activity and to hold harmless Lutheran Church of the Good Shepherd, Old Bridge, NJ it's staff, adult, youth, or children's leaders and other church members.

I am Available to help: Yes No

2nd Child's Full Name _____

Birth date _____ Age _____ 2018/2019 School Year Grade _____

Child has been baptized? Yes No

Allergies: _____ *Special Needs* _____

Behavioral / Relational / Social Issues _____

3rd Child's Full Name _____

Birth date _____ Age _____ 2018/2019 School Year Grade _____

Child has been baptized? Yes No

Allergies: _____ *Special Needs* _____

Behavioral / Relational / Social Issues _____

4th Child's Full Name _____

Birth date _____ Age _____ 2018/2019 School Year Grade _____

Child has been baptized? Yes No

Signature of Parent/Guardian _____ Date _____