

St. John's Lutheran Church

Lovell, Wyoming

Midweek Registration Form

Child's Name: _____

Emergency Contact # 1 Name: _____

Emergency Contact #1 Phone Number: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Phone Number: _____

Child's Doctor: _____ Phone Number: _____

Weekly snacks will be provided. Please list allergies or any other medical concerns:

Does your child have an epi-pen or any other immediate-use emergency medication:

Please review and sign:

I, as the parent/legal guardian of _____, understand that in the case of extreme emergency, if I can not be contacted, that my child may be taken to the hospital for treatment at my own expense.

I do/do not give St. John's Lutheran Church permission to photograph my child.

Parent/Legal Guardian: _____ Date: _____