



Zion Evangelical Lutheran Church

"A place to belong."

101 N. Greenwood Street

Tamaqua, PA 18252

Registration Form

Student's Name: _____

Student's Age: _____ Date of birth: _____ Current Grade: _____

Name of Parent(s) or Guardian(s): _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home telephone: (_____) _____

Parent/Guardian's Cell Phone: (_____) _____

Email address: _____

Permission to photograph your child at church functions: Circle one Yes No

Approved Person(s) permitted to pick up my student.

***Please note: For safety reasons your student WILL NOT be released to anyone whose name is NOT on this list!**

Allergy & Emergency Information:

Allergies or other medical conditions: _____

Emergency Contact 1:

Name: _____ Phone: : (_____) _____ Relationship: _____

Emergency Contact 2:

Name: _____ Phone: : (_____) _____ Relationship: _____

For office use only:

Home Classroom: _____ Teacher: _____