

# Grace Lutheran Pioneer Program Registration Form 2011-2012

*Forms may be returned at a Pioneer meeting or turned into the church office along with a \$25 registration fee per child (family total not to exceed \$60).*

Last Name \_\_\_\_\_ Parent First Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/guardian email \_\_\_\_\_

Child name	Age	Grade	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Medical Information

Name of Parents/Guardian \_\_\_\_\_

Phone Number(s) in case of emergency (cell, etc.) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Information  
Company \_\_\_\_\_ Group \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any special medical concerns we should be aware of (allergies, asthma, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact (Other than parents/guardians)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I give my permission for my children to participate in the activities of the Grace Lutheran Church Pioneer Program for the 2011-2012 school year.

Signed: \_\_\_\_\_ Date \_\_\_\_\_