PLEASE COMPLETE BOTH SIDES OF THIS FORM IF YOUR CHILD IS NOT CURRENTLY ENROLLED IN A ST. MARK'S PRESCHOOL CLASS



ST. MARK'S LUTHERAN PRESCHOOL 2024 SUMMER CAMP ENROLLMENT

Child's Name:	Name used in class:	
Age: Date of Birth:	Sex: Female	Child Baptized? Yes ☐ No ☐
Name of Father:	Cell#:	
Address:	Tel#:	
City / State / Zip:	Email:	
Occupation:	Tel #	
Firm Name & Address:		
Work Schedule:		
Church Affiliation:	Pastor:	
Name of Mother:	Cell#:	
Address:	Tel#:	
City / State / Zip:	Email:	
Occupation:	Tel#	
Firm Name & Address:		
Work Schedule:		
Church Affiliation:	Pastor:	
Who does this child live with? Both Parents	Mother Father _	
Brothers & Sisters (Names & Ages)	Pets (Kinds & Names)	
Local person to be notified in case of emergency, wh		_
	Relationship:	
Address:	Tel# :	
Name of persons authorized to call for my child:		
	Relationship	Tel#:
	Relationship	Tel#:
List any problems, allergies, or health concerns of th	e child:	
How did you hear about our Summer Camp?		

Original Start Date _____

For Office Use Only: Immunization ☐ Medical ☐

MEDICAL CONSENT

I give my consent for emergency medical care or t	reatment, to be used only if I cannot be
reached immediately.	
Signature of parent or guardian	Date
Physician's Name	
Physician's Address	
Triysician's Address	
Physician's Phone	
PARENT PERMISSION FOR SPECIAL S	ERVICES AND MEDIA USE
Occasionally we have the opportunity to put pho	
Mark's website (www.stmarkswausau.org) and out these photographs will NOT BE IDENTIFIED by nan	
As the parent / guardian of	, I give permission
for my child to:	
Be photographed or videotaped individually	or in groups. These photos may be
shared with other families within my child's newsletters that are sent to Preschool famili	•
☐ Yes ☐ No	
Be photographed or videotaped individually	or in groups. These photos may be
placed on St. Mark's Lutheran Church websi Facebook.	te at www.stmarkswausau.org and
☐ Yes ☐ No	
Parent Signature	Date