

# **St. Paul Lutheran School Kingdom Kids**

## **Handbook Acknowledgement Form**

*My signature below acknowledges that all pertinent information, phone numbers, and family contact information is on file at St. Paul Lutheran School on the St. Paul Kingdom Kids Registration Form. I give St. Paul Lutheran School permission to copy this form and any pertinent records needed for the St. Paul Kingdom Kids.*

*My signature below acknowledges that my child's immunization record is on file at St. Paul Lutheran School or a copy has been given along with my St. Paul Lutheran Kingdom Kids Registration Form.*

*My signature below acknowledges that all of my children's immunizations are up to date and current.*

*My signature below authorizes St. Paul Lutheran School Kingdom Kids to make arrangements for and to obtain medical care and emergency medical treatment if needed for my child.*

*My signature below acknowledges that I have read, understand, and agree to the conditions and criteria outlined in the St. Paul Lutheran Kingdom Kids Handbook and that I will abide by the same.*

*\_\_\_\_\_ I give my consent for my child to be photographed and/or videotaped while participating in the program.*

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**