



***Apostolic Lighthouse***  
**United Pentecostal Church**  
**Parent Authorization**

*Sunday School at Apostolic Lighthouse UPC is held on  
Sundays from 2:00pm-2:50pm for children through 12<sup>th</sup> grade*

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade in school \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Household e-mail Address \_\_\_\_\_

Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Child Release Information: (The names listed may pick up my child in an emergency situation.  
I realize that if a person is not named in this section, my child will not be released to such person.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*I authorize Apostolic Lighthouse to pick my child up on [ ] Sunday / [ ] Wednesday and attend services.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use:	Contact Signature: _____	Date: ____/____/____
Received by: _____	Date: ____/____/____	
ALMMS ID: _____	Filed: _____ / _____	
	Date	Initials