

St. John Lutheran Church Children's and Youth Ministry Registration Form

Sunday School

- 3 year olds (by September 1 of current year) – Nursery classroom
- 4 year olds (by September 1 of current year) – Preschool classroom
- School grade – (K-6)

Jesus Rocks - Meet at House of Rock - Grades 6-12

Wednesday Evening: Weaving Wednesdays

NAME	GRADE	BIRTHDAY	BAPTIZED	DAY
_____	_____	_____	Yes No	Sun. Wed. Both
_____	_____	_____	Yes No	Sun. Wed. Both
_____	_____	_____	Yes No	Sun. Wed. Both
_____	_____	_____	Yes No	Sun. Wed. Both

Home Phone _____ Family Email _____

Mailing Address _____

Parent(s)/Guardian(s) _____

(Name)

(Phone number)

(Name)

(Phone number)

**St. John Lutheran Church
Children's and Youth Ministry Medical/Photo Release Form**

Student Name _____ D.O.B. _____ Grade Fall 09 _____

Address: _____

Home Phone _____ Family Email _____

Parent(s)/Guardian(s) _____
(Name) (Phone number)

(Name) (Phone number)

In case of emergency, contact: _____
(Name) (Phone number)

In case of emergency, contact: _____
(Name) (Phone number)

Health Concerns/Allergies: _____

Pertinent Medical Information that could Affect Treatment: _____

MEDICAL RELEASE AND PERMISSION

I hereby authorize an adult staff member or appointed volunteer leader of St. John Lutheran Church to seek medical treatment for my child _____ in the event of an accident or medical emergency. This authorization is effective on and between the dates of September 20, 2009, and May 2, 2010, during authorized Sunday School, Confirmation, and Senior High ministry opportunities. I understand that I will be requested to fill out additional forms for specific events requiring transportation or parental guidance.

Parental Adult/Guardian Signature: _____ Date _____

PHOTO/IMAGE RELEASE

I hereby authorize St. John Lutheran Church to use my child's, _____, photographic or video image(s) in its web site, newsletter, or any other publication.

Name of parent or guardian

Signature