

# 2022-23 REGISTRATION FORM



FOR ALL SUNDAY MORNING CHILDREN & WEDNESDAY NIGHT YOUTH PROGRAMS

- **Sunday School** is ages 3 (as of September 1 and potty-trained) through 5<sup>th</sup> grade. **Registration Fee is \$15 per child.**
- **Confirmation** includes grades 6-9. **Registration fee is \$50.**
- **Youth Group** welcomes grades 9-12. No fees.

Use this registration form to register the whole family for all Sunday & Wednesday programs from 3 yrs of age to 12<sup>th</sup> grade.

**Parent/Guardian #1 Name:** \_\_\_\_\_

Parent/Guardian #1 Cell \_\_\_\_\_

Parent/Guardian # 1 Email \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_

Parent/Guardian #2 Cell \_\_\_\_\_

Parent/Guardian #2 Email \_\_\_\_\_

**Child(ren) Primary Address:** \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child #1 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Allergies, special needs, medical conditions, etc.: \_\_\_\_\_

**Child #2 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Allergies, special needs, medical conditions, etc.: \_\_\_\_\_

**Child #3 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Allergies, special needs, medical conditions, etc.: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact person (other than parent): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Acknowledgements, Permissions & Medical Release:**

- I give Family of Christ Lutheran Church permission to take photography and/or video of my child(s) while participating in church activities, and use photos/videos for promoting Family of Christ programs.
- I agree to release all liability from Family of Christ Lutheran Church (staff, members and volunteers) if my child(s) are injured in any way during church activities.
- I grant permission to Family of Christ Lutheran Church personnel to seek emergency medical treatment for my child(s) should it be needed. I understand they will make every reasonable effort to contact me or the emergency contact I provided in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Child(s): \_\_\_\_\_

**Registration Fees** for Sunday School (\$15 per child) and Confirmation (\$50) can be paid to the office with check or cash. To use credit card, use the church website.

(Office Use) Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Online Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_