

2020-21 REGISTRATION FORM



FOR ALL SUNDAY MORNING CHILDREN & WEDNESDAY NIGHT YOUTH PROGRAMS

- **Play & Praise** welcomes parents and their infant and toddlers. No fees.
- **Sunday School** is ages 3 (as of September 1 and potty-trained) through 5th 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 infant to 12th 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: _____

Type of Study (circle one): Online Only Online & On-site (when allowed)

Allergies, special needs, medical conditions, etc.: _____

Child #2 Name: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Type of Study (circle one): Online Only Online & On-site (when allowed)

Allergies, special needs, medical conditions, etc.: _____

Child #3 Name: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Type of Study (circle one): Online Only Online & On-site (when allowed)

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: _____