

2017-18 Registration for Children's Ministry Spirit Lutheran (Age 3 years by 9/1/2017 through 6th grade)

I wish to register my child(ren) for classes on (mark all that apply):

Wednesday evenings - 5:00-7:10 p.m.

Sunday mornings - 9:30 -10:15 a.m.

Parent(s) / Guardian(s) _____

Address _____

Home Phone _____ Cell Phone _____

Family and Student E-mail _____

Student's Name	Grade as of 9/1/17	Age as of 9/1/17	M/F	Birth date mo/day/yr	Baptized? Yes or No	Information we should know about your child (allergies, medical concerns)
1.						
2.						
3.						
4.						

Home Congregation (if not Spirit Lutheran) _____

We need faithful adults to help raise our faithful children ! Please sign me up to help out with:

- | | | |
|---|---|---|
| <input type="checkbox"/> WEDNESDAYS (Grade ___) | <input type="checkbox"/> SUNDAYS (Grade ____) | <input type="checkbox"/> Substitute Teaching |
| <input type="checkbox"/> High School Youth Ministry | <input type="checkbox"/> Children / Family Events | <input type="checkbox"/> Classroom Helper (Grade ___) |
| <input type="checkbox"/> Middle School Youth Ministry (6-8) | <input type="checkbox"/> Christmas Program | <input type="checkbox"/> Wednesday Kitchen Help |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Mentors for students | |

Parental Authorization

My child(ren) listed above has permission to engage in all activities at Spirit Lutheran, except as noted in writing by myself. In the event that I cannot be reached in an emergency, I hereby give staff and/or volunteers permission to secure medical treatment for my child and make emergency decisions on my behalf. I will assume all costs for medical care received by my child. I voluntarily waive any claim against Spirit Lutheran, staff, or volunteers for any mishap or lost articles, in all cases that may arise in connection with activities affiliated with Spirit Lutheran. I consent to the use of photographs of my child in Spirit Lutheran presentations, publications, or publicity. The above shall be in effect for activities both at, and apart from, the facilities of Spirit Lutheran. This form may be reproduced for use in activities apart from the facilities of Spirit Lutheran and said reproductions shall be considered valid authorization for the issues stated above.

Signature of Parent or Legal Guardian

Date