

# First Lutheran Church

## Christian Education Registration 2017-2018 (PreK-12<sup>th</sup> grade)

We attend primarily on: Sunday\_\_\_\_\_ Wednesday\_\_\_\_\_

I am willing to be a substitute teacher\_\_\_\_\_ I would like to volunteer to teach PreK-5<sup>th</sup>\_\_\_\_\_ Confirmation\_\_\_\_\_

Parent Name(s)\_\_\_\_\_ Mailing Address\_\_\_\_\_

Parent Name(s)\_\_\_\_\_ Mailing Address\_\_\_\_\_

Phone(home)\_\_\_\_\_ Cell\_\_\_\_\_ Work\_\_\_\_\_

Phone(home)\_\_\_\_\_ Cell\_\_\_\_\_ Work\_\_\_\_\_

\*Email\_\_\_\_\_ \*Email\_\_\_\_\_

*\*We send out regular updates about Christian Education and events. We ask that you check your email regularly and communicate with us to ensure a great experience for all! Please initial\_\_\_\_\_*

If we are unable to reach you who should we contact?

Emergency contact \_\_\_\_\_ Relationship\_\_\_\_\_

Home number \_\_\_\_\_ Cell\_\_\_\_\_

**1. Child's Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

**2. Child's Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

**3. Child's Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

**Are you a member of FLC? yes/no Are you interested in learning about membership? yes/no**

### **First Lutheran Church Medical Release, Indemnification & Photo Release**

In the event of a medical emergency, I authorize medical treatment for the above named children/youth as deemed necessary by a First Lutheran Church representative or by a physician. I expressly assume any and all risks of injury arising from or relating to the activities, with the understanding that activities are planned to be safe, fun, and that youth are supervised at all times. I have given my child permission to participate in classes at First Lutheran Church and waive and release any and all suits or demands of any kind or nature to whatsoever against First Lutheran Church, staff, volunteers, or representatives arising from or relating in any way to the participant's voluntary participation in said activities. I also give First Lutheran Church permission to photograph the participant and for those photographs to be used by First Lutheran Church in communicating with the congregation and the wider community. I know that I can retract this permission for photo use at any time by contacting the Pastor or Youth Director in writing.

I have read, understood, and agreed to the information I have signed on this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_