

FIRST LUTHERAN CHURCH

Evangelical Lutheran Church in America

CHILDREN'S PROGRAMMING REGISTRATION FORM

PLEASE FILL OUT ONE REGISTRATION FORM PER CHILD & RETURN TO THE CHURCH OFFICE.

CHILD'S NAME: _____ Male Female

BIRTHDATE: ____/____/____ GRADE IN 2010-2011: _____

PARENT(S)/GUARDIAN NAMES: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE(S): _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

My child will be attending:

F.R.O.G. (Wed. Evenings) E.N.E.R.G.Y. (Sunday Mornings) Both

To get news & we'd like to be contacted by: Mail Email Phone

I'd like to help on: Sundays Wednesdays Area of interest: _____

I hereby grant permission for photographs or likenesses of my son/daughter _____ to be included on the internet website, monthly newsletter or in advertisements of First Lutheran Church.

signature of parent/guardian

date

I give permission for my child to participate fully in the Sunday School program at First Lutheran Church, Kearney, Nebraska, including snacks and games. In case of an emergency, I understand that every effort will be made to contact the parents/guardians of the child. In the event that I cannot be reached, I hereby give permission for the medical personnel selected by the Sunday School staff to secure proper and necessary treatment for my child as named on this form.

Allergy Concerns _____

Health Concerns _____

signature of parent/guardian

date

physician's name & clinic

phone number



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