



Children's Ministry Registration & Permission Form

Registration Fee: \$20 per child; max \$40 for family

Child's Information: (please print neatly)

1) First Name _____ Middle _____ Last _____

Participating in (check all that apply):

B.A.S.I.C. (ages 3 years – 5th Grade) **Faith Corps (Kindergarten-2nd Grade)** **Soul Troop (Grades 3-5)**

With whom does this child primarily live? _____

Child's Birthdate: ____ / ____ / ____ Sex: ___ Male ___ Female Grade: _____

Child must be 3 years of age by September 1, 2017, in order to participate in B.A.S.I.C.

Teacher & School: _____

Important Information about Child: (Health, Physical, Learning, Emotional, Family Arrangements, Prescription Needs, **MEDICINE, FOOD or OTHER ALLERGIES** or Other Concerns/Limitations) _____ – add a page if needed

2) First Name _____ Middle _____ Last _____

Participating in (check all that apply):

B.A.S.I.C. (ages 3 years – 5th Grade) **Faith Corps (Kindergarten-2nd Grade)** **Soul Troop (Grades 3-5)**

With whom does this child primarily live? _____

Child's Birthdate: ____ / ____ / ____ Sex: ___ Male ___ Female Grade: _____

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3) First Name _____ Middle _____ Last _____

Participating in (check all that apply):

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Transportation Plans after Faith Corps/SOUL TROOP: _____

Home Church (if not St. John's): _____

Parent(s)/Guardian Contact Information:

Our partnership with you to enhance your child's faith journey is very important. We want you to be informed so that you can support and encourage your child's participation. We hope for your active involvement as well. Our primary communication tool is email, so please provide us with an email address that you check regularly.

Mother's Name: _____ Spouse's Name: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____ Receive texts? ___ Yes ___ No Home Phone (land line): _____

Preferred Email Address: _____

Father's Name: _____ Spouse's Name: _____

Home Address (if different): _____

City/State/Zip (if different): _____

Cell Phone: _____ Receive texts? ___ Yes ___ No Home Phone (land line): _____

Preferred Email Address: _____

Please provide any additional information needed to help us better communicate with you and those involved in your child's faith journey. _____

Additional/Emergency Contact (Other than Parent):

Name: _____ Phone #: _____ Relationship: _____

Include in emails? ___ Yes ___ No Preferred Email Address: _____

MEDICAL RELEASE: I give my permission for the St John's leaders to administer basic first aid to my child in the event of an injury. I understand that the St. John's leaders will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

PHOTO RELEASE *(check one)*

- I give my permission for still or video photographs of my child to be taken by St. John's Lutheran Church for internal documentation and for use on the church's website, Facebook page, and other published materials.
- I would **not** like my child photographed.

Parent/Guardian Signature: _____