



# Children's Ministries Registration

2018 2019 Preschool-Gr. 5

**PLEASE RETURN COMPLETED FORMS TO THE CHURCH LOBBY**

Registering (Please check all that apply)	Child's Name	Date of Birth & Baptism Birthday	Grade Level as of 9/1	Allergies and other information that would help Immanuel serve your child	School
<input type="checkbox"/> Sunday School <input type="checkbox"/> K-5 Christmas service <input type="checkbox"/> First Communion <input type="checkbox"/> Children's Choir					
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I agree that if my child/ren becomes ill, he/she/they cannot attend and that medical care and/or first aid may be administered to my child/ren in the event of an accident or emergency, with or without prior notification to me. I acknowledge that I am responsible for the cost of these services. I understand that an attempt will be made to contact a parent or guardian, but if contact is not made, the individual listed on this form will be contacted to care for my child/ren. I also agree that the individual listed on this form is authorized to pick up my child from Sunday School in the event of an illness, emergency, or for carpooling purposes. I further authorize the release of medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do, hereby release Immanuel Lutheran Church and its staff from liability associated with participation in Sunday School activities and events.

I grant permission for Immanuel Lutheran Church to publish a photograph or image of my child/ren in church publications, including but not limited to brochures, video recordings, newsletters, and the website, as well as newspapers, television promotions and/or the Internet. This permission is valid for the 2017-2018 ministry year only. I may revoke this permission at any time by notifying the Co-Director of Children's Ministries in writing.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACT SHOULD PARENTS BE UNAVAILABLE**

Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Office \_\_\_\_\_