

Children & Youth Educational Ministries Our Saviour's Lutheran Church 2018-19

Education Registration Form

Student Information	
Child's Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Date:	Choose the program(s) you will be participating in: <input type="checkbox"/> Sunday School (PreK-Grade 5) <input type="checkbox"/> Midweek Education (PreK-Grade 5) <input type="checkbox"/> Midweek Affirmation of Baptism (Grades 6-8) ***Will your child be participating in the after-school programming (Grades 6-8) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Midweek High School Youth Group (Grades 9-12)
Age:	
Current Grade:	
Medical Information (allergies, medications, special needs, etc.)	

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Age:	
Current Grade:	
Medical Information (allergies, medications, special needs, etc.)	

Family Information		
Father's/Guardian's Name: <input type="checkbox"/> Check if primary contact	Home Phone:	
	Cell Phone:	
	Work Phone:	
Mother's/Guardian's Name: <input type="checkbox"/> Check if primary contact	Home Phone:	
	Cell Phone:	
	Work Phone:	
Mailing Address to be Used:	City:	Zip:
Parent/Guardian E-Mail Address:		
Member of: <input type="checkbox"/> Our Saviour's <input type="checkbox"/> Interested in Membership <input type="checkbox"/> Other:		

Emergency Contact

Emergency Contact (**Other than guardian/parents**):

Phone Number:

Pick-Up Information

My/Our child(ren) will be picked up by:

Special Information for High School Students

Due to many high school students having their own transportation to and from church activities, Our Saviour’s Lutheran Church does not report to parents when their child chooses to arrive and depart from church activities. We ask that this be a conversation/agreement between parents/guardians and their children as to what is appropriate and acceptable. We do EXPECT when youth attend Midweek activities that they WILL attend worship and WILL stay for the entire duration of the scheduled activity that has been planned for them. OSLC will not be held liable for any incident that may occur due to your child leaving OSLC early. If your child must leave early, please notify the church ahead of time. Thank you for you cooperation and understanding. Please sign and date, indicating that you have read the above information.

Parent/Guardian Signature: Date:

Medical Release

I/We understand that, in the event medical treatment and/or transportation is required, every effort will be made to contact me/us. However if, I/we cannot be reached, I/we give permission to the staff or sponsor at Our Saviour’s to secure services of a licensed physician and/or licensed paramedics to provide necessary care for my child/children’s well-being. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

Parent/Guardian Signature: Date:

Media Release

I consent to my child being photographed, interviewed, and/or videotaped by representatives of Our Saviour’s Lutheran Church and/or media outlets (newspapers, T.V. stations, etc.). Our Saviour’s Lutheran Church uses photos of children in congregational publications to share information about Our Saviour’s. Any images obtained may be reproduced by Our Saviour’s and/or public media for use in advertising, publicity, and/or educational activities. Our Saviour’s publications include, but are not limited to: the website, social media, advertisements, annual reports, posters, banners, bulletin boards, and other public relations materials. I hereby waive any claims I may have and release Our Saviour’s Lutheran and its employees from liability of claims arising out of such activities.

- Yes, my child may be photographed, interviewed, or videotaped/recorded for media use.
- No, my child may not be photographed, interviewed, or videotaped/recorded for media use.

If you do not complete and sign the Media Release section of this form, it will be assumed that you give permission for your child’s images to be included in any form of communication.

Parent/Guardian Signature: Date:

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student.

Parent/Guardian Signature _____

Print Name of Parent/Guardian Signature _____