



2009-2010 Children's Ministry Registration

Please print clearly and complete both sides
of this form in its entirety.



To help us determine adult/child classroom ratios, please register by Sept. 6 (registrations after this date will be accepted.)
Materials Fee: \$25/child or \$50/family (scholarships available)

Sunday School – 9 a.m. <input type="checkbox"/> Two-By-Two <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1-2 <input type="checkbox"/> Bible Explorers: Grades 3-4 <input type="checkbox"/> Club 56: Grades 5-6	Sunday School – 10:30 a.m. <input type="checkbox"/> Two By Two <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1-2 <input type="checkbox"/> Grades 3-6 Learning	Wednesday School – 6 p.m. <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1-2 <input type="checkbox"/> Bible Explorers: Grades 3-4 <input type="checkbox"/> Club 56: Grades 5-6	School Grade Fall of 2009: <input type="checkbox"/> Pre-K <input type="checkbox"/> Grade 3 <input type="checkbox"/> Kind. <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 6
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YES! I would like to order a Bible for my child. \$20 for Grades 3-6

Youth Information

Full Name:		<input type="checkbox"/> Male	School attending Fall of 2009:
First	Middle	Last	
Address:		City, State, Zip:	
Date of Birth:	Trinity Member?	Child lives with (<i>check all that apply</i>):	
Age:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If not, interested?	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism (<i>month/day/year</i>):	Site of Baptism (<i>church/city/state</i>):	
<i>If no, everyone is welcome to register and participate in Children's Ministry at Trinity. If interested in learning more about baptism, please contact Pastor TJ Anderson at 439-7400 ext. 120.</i>			
Special Requests (<i>please list one or two names only</i>):			

Parent Information

Please provide an e-mail address. Future communication regarding event details will be sent via e-mail.

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
E-mail Address(es)			

For office use:
Date:

Amount:

Check Number:

Parent and Guardian Participation

It takes volunteers to touch the lives of children each week at Sunday and Wednesday Learning. Curriculum and training are provided. All volunteers must successfully complete a background check.

- Be a leader/teacher:
- For a specific child's group _____
 - Two By Two
 - Preschool
 - Kindergarten
 - Grades 1-2
 - Bible Explorers: Grades 3-4
 - Club 56: Grades 5-6
- Help with an event
- Co-lead with _____

Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/Cell Phone:
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Health Information

Medical Insurance Company:	Policy Number:
Health Concerns:	

Promotional Release

I give permission for my youth's photo to be used for publicity purposes without compensation: Yes No

Parental Release 2009-2010

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Trinity Lutheran Church related events/trips and activities, and to be transported off-site with Trinity staff members. In the event of an emergency and I cannot be reached, I give permission for the supervising Trinity staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)

Parent/Guardian Signature:	Date:
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