



## 2007-2008 Children's Ministry Registration

Please print clearly and complete both sides  
of this form in its entirety and return to  
Trinity by September 9, 2007.



<b>Sunday School 9 a.m.</b> <input type="checkbox"/> Age 3 yr. to Grade 2 <input type="checkbox"/> Bible Explorers – Grades 3-4 <input type="checkbox"/> Club 56 – Grades 5-6	<b>Sunday School 10:30 a.m.</b> <input type="checkbox"/> Age 3 yr. to Grade 2 <input type="checkbox"/> Grades 3-6	<b>Wednesday School 6 p.m.</b> <input type="checkbox"/> Age 3 yr. to Grade 2 <input type="checkbox"/> Bible Explorers – Grades 3-4 <input type="checkbox"/> Club 56 – Grades 5-6	<b>Grade Fall of 2007:</b> <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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### Youth Information

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	School attending Fall of 2007:	
First	Middle		Last	
Address:		City:	State:	Zip Code:
Date of Birth:	Trinity Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	Child lives with (check all that apply): <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 (month/day/year):	Site of Baptism (church/city/state):		
<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>				
Bible Explorers/Club 56 only – I would like to be in a group with (please list one or two names only):				

### 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)			

### Parent and Guardian Participation

To support my child in Sunday/Wednesday School, I will:

- Be a leader/teacher:
- For a specific child's group \_\_\_\_\_
  - Age 3 yr. to Grade 2
  - Bible Explorers (Grades 3-4)
  - Club 56 (Grades 5-6)
  - co-lead with \_\_\_\_\_
- Help with an event

### 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

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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For office use:			
Date:	Amount:	Check Number:	



Submit