

First Lutheran Church
Education & Youth Ministry Registration and Health Form

September 2016 – August 2017

*Sunday School (3 years-grade 12) * Confirmation (grades 2-11) * Youth Groups (grades 3-12)*

Parent/Guardian Information

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
City and Zip Code: _____	City and Zip Code: _____
Home Phone Number: _____	Home Phone Number: _____
Work Phone Number: _____	Work Phone Number: _____
Cell Number: _____	Cell Number: _____
Email: _____	Email: _____
Stepfather: _____	Stepmother: _____

My/Our child lives with (*circle one*) Mother Father Both Guardian

	Child's Name	Date of Birth	Baptismal Date	Grade in School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

- I, the undersigned, hereby authorize First Lutheran Church (Pastors, Chaperones, etc.) to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending Physicians, in the event My Child should be admitted to any hospital, or be in need of any medical treatment, during a church-sponsored event. I understand that every possible attempt to secure my personal permission at the time of an emergency shall of course first be attempted. I also authorize First Lutheran (Pastor, Chaperones, etc.) to transport my child for field trips, classroom excursions, and other youth events. I will not hold First Lutheran (Pastors, Chaperones, etc.) liable for accidents that may occur. This authorization shall be in effect from September 1, 2016 — August 31, 2017.
- I give permission for my child(ren) to be featured in the following *possible* public relations activities during the 2016-17 school year: Morrison County Record; First Lutheran Church: Newsletter, Website, Bulletin Boards, other media.

Family Insurance Company and Policy Number:

Name of Personal Physician and Phone Number:

Emergency contact – Name and Phone Number:

List any known allergies, medical conditions, medications, dietary needs, or any other information that First Lutheran Church and Chaperones should be aware of:

THANK YOU for entrusting your child into the care of First Lutheran Church. We will make every possible effort to assure safe and faith-nurturing experiences for your child. Participants are reminded that appropriate behavior is expected and assumed at all First Lutheran Church events and activities.

Parent/Guardian Signature: _____ (Relationship) _____ (Date)

First Lutheran Church
Parent/Adult Ministry Opportunities
for Sunday School, Confirmation, and Youth Groups

We are called by the Holy Spirit through Word and Sacrament to full partnership in the community of faith, and challenged to full participation in the life and mission of Christ and His church. Youth and Education ministries are person-oriented, family conscious, inclusive of kids in the congregation and community, centered in witness, service, nurture and community, and always rooted in the reconciling gospel of our Lord Jesus Christ.

Please indicate below the ways that you would like to serve in Youth and Education Ministries during the year ahead (from September 1, 2016 – August 31, 2017).

Opportunity

- Pray for youth
- Lead or Assist with the Children's Christmas Service or Vacation Bible School
- Teach or assist with Sunday Morning Children's Ministry: preferred age level _____
- Serve as a Sunday Morning Children's Ministry Team Leader
- Provide Food/Refreshments
- Provide Transportation or Loan a Vehicle
- Chaperone an Event: preferred age group _____
- Organize or Help Plan an Event
- Assist with a Fundraiser or Service Project
- Assist with a Confirmation Craft/Activity
- Assist with a Wednesday evening FLY (First Lutheran Youth) night
- Provide Financial Assistance/Scholarships/Thrivent Action Card
- Take Photos or Assemble Bulletin Boards
- Make Lefse with a group
- Provide Items and/or assist with for Advent Craft Sale & Luncheon
- Assist with Child Care
- Other – *Please specify*

Name: _____ Phone Number _____

Please Print