

“Let’s R.o.c.k.”

Rely On Christ the King

The Children’s Ministry of Fairlawn Lutheran Church

2008-2009 Registration Form

2 years through 5th grade, Sundays 9:30-10:30 AM

Child’s name (nickname)_____

Age _____ Date of Birth_____ Gender: Male Female

2008-2009 grade_____ School attending_____

Parent or guardian name(s)_____

Home address_____

Home phone_____ Cell phone_____

Family e-mail_____

May we **e-mail** you about R.O.C.K.’n events at the address listed above? **Y N**

Family’s home church_____

Child’s Baptism date_____

Siblings_____

& ages _____

Does your child:

- Like to read? Like to perform for others?
- Like to sing? Like to socialize?
- Remain shy in social settings?
- Play a musical instrument? _____
- Something else we should know about your child? _____

Allergies or other conditions we should be aware of (food reactions, physical limitations, fears, medications, ADD/ADHD, etc.)?

Does your child have an IEP (Individual Education Plan) or 504 Plan at his or her school? If so, please explain so that we may best meet your child's needs. Attach additional sheet if necessary.

Local emergency contact from 9:30 AM-10:30 AM on Sundays (name and phone)

Permission for Medical Treatment

I, _____, DO / DO NOT give permission for _____
(Parent's/Guardian's name) (Child's name)

_____ to receive emergency medical, dental, health, or hospital treatments during the time that he/she is under the care and supervision of Fairlawn Lutheran Church. I understand that reasonable care will be taken by all volunteers and staff of Fairlawn Lutheran Church in making decisions regarding medical treatment for my child after attempts have been made to contact me or other emergency contacts. This authorization shall be effective from September 2008 through June 2009.

Signature of
Parent/Guardian _____ Date _____

Photography Permission

Fairlawn Lutheran Church needs permission from parents/guardians to use your child's photo in web- or paper-based publications in association with church-related events. I understand that neither I nor my minor child will receive compensation for the use of these photos in any form.

- I GIVE permission to Fairlawn Lutheran Church to use my child in church-related photos.
- I DO NOT GIVE permission to Fairlawn Lutheran Church to use my child in church-related photos.

Signature of
Parent/Guardian _____ Date _____