

**Peace Lutheran Church
Children's Ministry (birth – 5th grade) Registration Form
2016-2017**

Office Use:
 Paid _____
 Roster
 Accounts

Registration form can also be found online at: peacelutherancoldspring.com - click on "Youth & Education"

Child Information

** Please list all children (5th grade & younger) in your household **

<p>Child Name: _____ <small>(First) (Last)</small></p> <p>Birthdate: ____/____/____</p> <p>Grade 2016-17: N/A PreK3 PreK4 PreK5 K 1 2 3 4 5</p> <p>Allergies/Health Concerns we should be aware of:</p>	<p>Child Name: _____ <small>(First) (Last)</small></p> <p>Birthdate: ____/____/____</p> <p>Grade 2016-17: N/A PreK3 PreK4 PreK5 K 1 2 3 4 5</p> <p>Allergies/Health Concerns we should be aware of:</p>
<p>Child Name: _____ <small>(First) (Last)</small></p> <p>Birthdate: ____/____/____</p> <p>Grade 2016-17: N/A PreK3 PreK4 PreK5 K 1 2 3 4 5</p> <p>Allergies/Health Concerns we should be aware of:</p>	<p>Child Name: _____ <small>(First) (Last)</small></p> <p>Birthdate: ____/____/____</p> <p>Grade 2016-17: N/A PreK3 PreK4 PreK5 K 1 2 3 4 5</p> <p>Allergies/Health Concerns we should be aware of:</p>

Parent/Guardian Information

NO CHANGE from 2015-16 (please continue to next section)

Name: _____ Birthdate: ____/____/____
(First) (Last)

Workplace: _____ Title: _____

Name: _____ Birthdate: ____/____/____
(First) (Last)

Workplace: _____ Title: _____

(continued)

Contact Information

NO CHANGE from 2015-16 (please continue to next section)

Preferred E-mail Address: _____

Alternate E-mail Address: _____

Preferred Phone: _____

For (parent name): _____ Type: home cell work

Alternate Phone: _____

For (parent name): _____ Type: home cell work

Primary Mailing Address: _____

(Street)

(City/ST/Zip)

Secondary Mailing Address: _____

(if applicable)

(Street)

(City/ST/Zip)

Emergency Contact

Name: _____ Relationship: _____

(First)

(Last)

Phone: _____ Type (circle): home cell work

Authorizations

- Photographs: I authorize my child(ren) to be photographed during church-sponsored events and activities, to be used for marketing and communication purposes only.
- Field Trips/Transportation: I authorize my child(ren) to attend church-sponsored field trips and service projects and be given transportation to and from, if provided. (Prior notification is given for ALL off-site activities.)

Parent/Guardian Signature: _____ Date: _____

Registration Fee: Registration fees are \$20 per student, with a maximum of \$50 per family.
These funds are used for curriculum, supplies and consumable materials.
Financial assistance is available; please contact the Youth Ministry Director at (320) 685-7656.

Return form and registration fee to:

Peace Lutheran Church
Attn: Children's Ministry
1000 Red River Avenue North
Cold Spring, MN 56320