

# Children's Ministry Registration 2017-18

First Lutheran Church • 822 Douglas Street • Alexandria, MN 56308  
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◇ First Lutherans Children's Ministry is for children age three (as of September 1<sup>st</sup>, 2017 & toilet trained) - 5<sup>th</sup> grade.

Family Last Name: \_\_\_\_\_ Preferred Contact # \_\_\_\_\_

Are you a regular attendee/participant of First Lutheran?  Yes  No Home Church: \_\_\_\_\_

If not, are you interested in becoming a member?  Yes  No

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Receive Information by  Email  Text

Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Email: \_\_\_\_\_ Receive Information by  Email  Text

Student lives with:  Both  Mother  Father  Other (Please describe): \_\_\_\_\_

Status of Parents:  Married  Separated  Divorced  Other (Please describe): \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Additional household members under 21 not listed on the BACK of this form:

Name	Birthdate	Grade	Gender	Name	Birthdate	Grade	Gender
1.			M F	3.			M F
2.			M F	4.			M F

## Involvement Opportunities

Your continued support is directly related to the success of our programs!

- Large Group Leader (lead the lesson opener before breaking into small groups) KKA KKB KICK JR
- Small Group leader (lead a group of 6-10 kids with preplanned activities) KKA KKB KICK JR KICK (grade) \_\_\_\_\_
- KICK Dad/Mom (provide crowd control Wednesday afternoons)
- Be a substitute. Be ready to fill in when needed. KKA KKB KICK JR KICK
- Help a student with special needs. Provide one-on-one assistance. KKA KKB KICK JR KICK
- (Choir Only) Help supervise kids
- Help with the Christmas program.
- Serve on the Children's Ministry Team.
- Other (please list special gifts): \_\_\_\_\_

**THANK YOU FOR HELPING! We will contact you with more information.**

### THE FINE PRINT

- ◇ I give my permission for my child(ren) to participate in the selected programming and activities under supervision. In the event that I cannot be reached and my child becomes sick or injured, I give my permission for the First Lutheran Church staff/volunteers to secure proper treatment for my child(ren).
- ◇ I give permission to transport my child for scheduled activities and emergencies.
- ◇ First Lutheran Church will use photographs, video, and electronic images including my child or family in church and church promotions unless written notification is given.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To help defray expenses, a free will donation will be accepted at registration for Preschool—2nd grade and for KICK a suggested donation of \$20 is encouraged to help with transportation and snack.**

**(OVER)**

Family Last Name: \_\_\_\_\_

**2017-2018 Children's Ministry Program Options**

**Kingdom Kids Birth— 2nd Grade (Sunday)**

Children attend worship until the Children's sermon then Kingdom Kids.

KK A: 8:30 – 9:30

KK B: 9:45 – 10:45

Lil' KK (Parent & Child age 0-3) 9:45-10:45

- Lil' KK dates 10/1; 11/12; 1/21; 3/18

**KICK & KICK JR (Wednesday)**

KICK (3rd-5th) 3:45-5

Kids Choir (3rd-5th) 4:55-5:35

KICK JR. (3yrs-2nd grade) 5:25 – 6:05

Supper is available from 4:45-6:00pm for families.

Families can attend worship from 6:15-7:00pm.

**Student Information** - Fill out ALL information below for each child as it is necessary for classroom management.

Student's first & last name	Birthdate	Gender		Circle Current Grade & Program Choice ( 2017-18 school year)				
		M	F	PK KKA	K KKB	1 KICK JR	2	3 KICK
Is your child on any medications? No Yes _____		Is your child up to date on all vaccinations? Yes No						
Does your child have any Allergies, Dietary Restrictions or Health Concerns ? No Yes _____								
Does your child have any Special Needs, Behavioral Concerns or an IEP? No Yes _____								
What adaptations/accommodations are necessary to create the best learning environment for your child?								
INSURANCE COMPANY				POLICY NUMBER				
School Attending				Friend Request (we will try to honor to the best of our abilities)				

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