

# Youth Ministry Registration—2017-18

## STUDENT INFORMATION

**STUDENT NAME** \_\_\_\_\_  
 (First) (Middle) (Last) Name wishes to be called \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_ T-shirt Size (adult size) \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Student-Email \_\_\_\_\_

Has your child been baptized?  Yes  No If not baptized at First Lutheran, Child's Baptismal Date \_\_\_\_\_

Has your child taken his/her First Communion?  Yes  No

## FAMILY INFORMATION

**PARENT/GUARDIAN NAME** \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

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

**PARENT/GUARDIAN NAME** \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

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

### Additional household members under age 21 not listed on this form:

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

## HEALTH INFORMATION

Is your youth on any medications?  No  Yes \_\_\_\_\_

Is your child up to date on all vaccinations?  Yes  No

Does your child have an 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 \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**(OVER) Signature needed**

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## PARENT INVOLVEMENT

How will you contribute to OUR Youth Ministry? We need adults to encourage kids to know the love of Christ! Your continued support is directly related to the success of our programs!

### INVOLVEMENT OPPORTUNITIES

- Small Group Leader (lead a small group of 6-8 students)
- Confirmation Mentor (meet one-on-one with a student)
- Bouncer (provide crowd control on Wednesday nights)
- Candle Time Leader (lead a group of SR High Youth)
- Chaperone Youth Trips
- Prayer Partner (for a college age student)
- Serve on the Youth Ministry Board
- Other (please list special gifts) \_\_\_\_\_

**THANK YOU FOR HELPING!**

**WE WILL CONTACT YOU WITH  
MORE INFORMATION.**

## THE FINE PRINT

- I give my permission to participate in the First Lutheran Youth events/trips for 2017-2018. If my child becomes sick or injured while participating in an event, I give my permission for the First Lutheran Church staff/volunteers to secure proper treatment for my child.
- 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.
- I give permission for my child to receive text messages from First Lutheran staff, including group/mass texts.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent or Guardian)