

**2011-2012  
LCM SUNDAY SCHOOL REGISTRATION**

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Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_ Male  Female   
 Mo./Day/Year (as of 9/11/11)



**Please list** special instructions or information that will assist us in ministering to your child.  
 Include any **medical alerts, allergies or special needs:**

\_\_\_\_\_  
 \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

- Please put our family on the Children's Ministries e-mailing list.
- I would prefer to receive regular mailings and take home flyers and newsletters rather than e-mail.
- I would like to receive both e-mail and mailings / take home flyers and newsletters.

**Note:** In order to save print and mailing costs, we would like to e-mail as much as possible. Please check the box that applies.

**When will child attend?**     9 AM Sunday School     10:30 AM Sunday School

**Note:** Children 1<sup>st</sup> grade and under must be checked in and picked up by a designated adult.  
**All children must be picked up by a parent or guardian.**

Who will be responsible for picking up child from class? \_\_\_\_\_  
 (parent or guardian or other by prior arrangement)



**PARENT / GUARDIAN / EMERGENCY INFORMATION**

Child Resides With:  Parent or  Guardian

Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Eve.) \_\_\_\_\_

**Emergency Contact** (Please indicate contact person other than names above)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parents:** We are able to offer programming for your child because of the work of many volunteers.  
 Please check the box, or boxes to identify how you can help:

**Programs to Volunteer**

- Sunday School
- FireFlies
- Special Events
- VBS
- Nursery
- Family Ministry

**Ways to Volunteer**

- Small Group Leader
- Assist Group Leader
- Administrative Team
- Arts & Crafts
- Decorate
- Bible Verse Listener
- Bible Study (Correcting)
- Sewing
- Set-up
- Photography
- Special Needs 1:1 Coaches
- \_\_\_\_\_
- \_\_\_\_\_

**I understand and agree to the following conditions:**

- I give permission for my child to attend the Children's Ministries of LCM.
- I hereby give my permission for medical attention to be given or obtained in case of injury, illness or accident, including major surgery (I realize I will be contacted as soon as possible in case of such an accident).
- I hereby hold harmless and release from any liability Lutheran Church of the Master, its employees, volunteer workers and representatives.
- I understand that my child is expected to follow all directions given by the Children's Ministries team and be respectful to others in the class.

I give permission for photos of my child to be used in brochures, posters, videos, website and other promotional material.

I do not want my child's picture in promotional materials.

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*Signature*

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*Date*

Thank you for enrolling your child in our programs. Please return this form to the Children's Ministries Office or Children's Ministries Kidformation Station (Sunday mornings in the Walkway). Or mail it to:

LCM  
ATTN: Children's Ministry  
1200 69<sup>th</sup> Ave. N  
Brooklyn Center, MN 55430

If you have questions, call 763-561-5852, or e-mail [kstenzel@lcmonline.net](mailto:kstenzel@lcmonline.net)