2018-2019 CHILDREN & YOUTH PROGRAMMING REGISTRATION

**PLEASE FILL OUT ONE REGISTRATION FORM PER CHILD & RETURN TO THE CHURCH OFFICE.**

\* PLEASE NOTE YOUR CHILD MUST BE 4 YEARS OLD PRIOR TO AUGUST 1, 2018 TO PARTICIPATE IN SUNDAY SCHOOL OR FROG \*

## CHILD’S NAME:  Male Female

BIRTHDATE: / / GRADE & SCHOOL IN 2018-2019: PARENT(S)/GUARDIAN NAMES: MAILING ADDRESS:

CITY: ZIP:

HOME PHONE: MOTHER’S CELL PHONE:

FATHER’S CELL PHONE:

EMAIL:

EMERGENCY CONTACT:

My child will be attending:

PHONE:

 **F.R.O.G**. (Wed. Pre-K through 5th Grade)

 **Sunday School** (Pre-K through 8th Grade)  **Confirmation** (Grades 6-8)

## To get news & updates, we’d like to be contacted by:  Mail Email Phone

I’d like to help on:  SundaysWednesdays Area of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby grant permission for photographs or likenesses of my son/daughter to be included on the internet website, social media, monthly newsletter or in advertisements of First Lutheran Church.

signature of parent/guardian date

I give permission for my child to participate fully in the Christian Educational Programs at First Lutheran Church, Kearney, Nebraska, including snacks and games. In case of an emergency, I understand that every effort will be made to contact the parents/guardians of the child. In the event that I cannot be reached, I hereby give permission for the medical personnel selected by the Sunday School, FROG, or Confirmation staff to secure proper and necessary treatment for my child as named on this form.

Allergy Concerns Health Concerns

signature of parent/guardian date

physician’s name & clinic phone number

[**WWW.FIRSTLUTHERANKEARNEY.ORG**](http://WWW.FIRSTLUTHERANKEARNEY.ORG/)



# 3315 G Avenue - Kearney, NE 68847

308-237-5544 - [office@firstlutherankearney.org](mailto:office@firstlutherankearney.org)