

Please, complete both sides of this form.



2021-2022

Children's Ministry Welcomes You

## Registration Form

### Community Lutheran Church

Parent/Guardian's Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Preferred contact: Phone/Email (Circle) Preferred service: 9:30/11:00 (Circle)

Member of CLC? (Circle)

**YES**

**NO**

**JUST VISITING**

**Name of Child**

**Date of Birth**

**Grade**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Continued on the back side.**

Are there any special needs, medical, or health related (including allergies) concerns you should communicate to us?

**Name of Child**

**Description**

---

---

---

**Photo Consent:** On occasion, CLC uses photo and video on our website and social media for church related publicity. We will not identify minors by name when photos are shared.

**(Circle)**

**Yes, I authorize**

**No, I do not authorize**

**Emergency Contact:**

**Name**\_\_\_\_\_

**Phone Number**\_\_\_\_\_ **Relationship**\_\_\_\_\_

**Would you prayerfully consider volunteering in Children's Ministry?**

**(Circle)**

**Yes, contact me to help**

**No, but I will pray for the ministry**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_