



Immanuel Lutheran Church

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2019-2020 Children's Ministry Registration Form

*Please complete one per family and return it to the church office
or bring to the Extravaganza on September 8, 2019*

GENERAL INFORMATION

1) Child's name: _____ Age: _____ Grade: _____

Birth Date: _____ Baptism Date: _____ School attending: _____

2) Child's name: _____ Age: _____ Grade: _____

Birth Date: _____ Baptism Date: _____ School attending: _____

3) Child's name: _____ Age: _____ Grade: _____

Birth Date: _____ Baptism Date: _____ School attending: _____

4) Child's name: _____ Age: _____ Grade: _____

Birth Date: _____ Baptism Date: _____ School attending: _____

Mailing Address: _____

Parents's name(s): _____

Phone number, day: _____ Evening: _____

Dad's cell: _____ Mom's cell: _____

Dad's Email: _____ Mom's Email: _____

CONSENT

I/We hereby grant permission for these children to participate in all children's ministry activities, including off-site events. I/We retain the responsibility for any and all bodily injury, loss, or damage of personal property.

I/We hereby authorize the assigned children's' ministry personnel to seek medical treatment for my child(ren) if necessary, making every attempt to contact parents/guardians as soon as possible.

Parent's signature: _____ Date: _____

Emergency contact other than parent:

Name and phone number: _____

Name and phone number: _____

Please complete the other side.

MEDICAL INFORMATION

Name of primary care physician: _____
Physician's phone number: _____
Insurance Carrier: _____ Policy #: _____

1) Student's name: _____ Age: _____
Allergies: _____
Current authorized prescription drugs: _____
Any physical limitations, current infectious diseases, or any special health/behavioral concerns: _____

2) Student's name: _____ Age: _____
Allergies: _____
Current authorized prescription drugs: _____
Any physical limitations, current infectious diseases, or any special health/behavioral concerns: _____

3) Student's name: _____ Age: _____
Allergies: _____
Current authorized prescription drugs: _____
Any physical limitations, current infectious diseases, or any special health/behavioral concerns: _____

4) Student's name: _____ Age: _____
Allergies: _____
Current authorized prescription drugs: _____
Any physical limitations, current infectious diseases, or any special health/behavioral concerns: _____

RELEASE

Besides mother/father previously named, please list below the people to whom your child may be released:
Name: _____ Relationship to student: _____
Name: _____ Relationship to student: _____

SOCIAL MEDIA

Please check the appropriate line and sign below:
____ I will allow my child's picture to be on Immanuel's Facebook page/website including his/her name.
____ I will allow my child's picture to be on Immanuel's Facebook page/website **NOT** including his/her name.
____ **No** pictures of my child on Immanuel's Facebook page/website.
____ I will allow my child's picture to be published in Immanuel's *Parish Life* including his/her name.
____ I will allow my child's picture to be published in Immanuel's *Parish Life* **NOT** including his/her name.

Parent's Signature: _____ Date: _____