CENTRAL LUTHERAN CHURCH

KIDS OF THE KING REGISTRATION

2008-2009

CHILD'S NAME:_____ Birth Date __/__/__ AGE _____

Last First Middle GRADE in school _____

BAPTIZED? Yes No If so, when and where:_____

Is this child COMMUNING? Yes No If not, should Pr Mike call you? Yes No

Please circle the Kids of the King session your child is going to attend:.

9:00 a.m. Sunday 5:30 p.m. Wednesday

EMERGENCY INFORMATION

Emergency Information MUST be completed in full in order for your child to be considered registered.

CHILD'S NAME_____BIRTHDATE_____

Last First Middle

CHILD'S ADDRESS_____

PARENT'S OR GUARDIANS (Note: Unless we are informed otherwise in writing (custody order or other legal document), both parents listed will be permitted to pick up child from CLC).

FATHER_____HOME PHONE_____ CELL PHONE_____

HOME ADDRESS_____WORK PHONE_____

EMAIL:_____

MOTHER_____ _____HOME PHONE_____CELL PHONE_____

HOME ADDRESS_____WORK PHONE_____

EMAIL:_____

EMERGENCY: The following may be called in an emergency, when parent (s) or guardian can't be reached. They also have permission to remove my child from CLC if necessary.

NAME_____HOME PHONE_____CELL PHONE_____

NAME_____HOME PHONE_____CELL PHONE_____

Additional person(s) authorized to call for my child:_____

PHYSICIAN: Name and phone number: _____

EMERGENCY RELEASE: I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

Signature of Parent or Guardian:_____

Name Date

PARENT'S OR GUARDIANS (Note: Unless we are informed otherwise in writing (custody order or other legal document), both parents listed will be permitted to pick up child from CLC).