CENTRAL LUTHERAN CHURCH
KIDS OF THE KING (Pk-5th Grade)
2011-2012 REGISTRATION FORM

Please mail or return this form to CLC Office by August 31!

CHILD'S NAME: _____ GRADE: _____
Last First Middle

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

Is this child COMMUNING? Yes No First Communion Classes: October 16, January 8, & April 4

Please circle the weekly Kids of the King session your child is going to attend:
9:00 a.m. Sundays **5:30 p.m. Wednesdays**

EMERGENCY INFORMATION

The following emergency information MUST be completed in full in order for your child to be considered registered:

CHILD'S ADDRESS: _____

_____

CHILD'S BIRTHDATE: _____

PARENTS 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 Central Lutheran Church.

FATHER: _____ HOME PHONE: _____ WORK PHONE: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

MOTHER: _____ HOME PHONE: _____ WORK PHONE: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

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

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

PHYSICIAN NAME: _____ PHYSICIAN 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