

Registration for Youth Ministry at Christ Lutheran

Only one registration per family is needed!

“Wednesday in the Word” Church School is for 3-4 years old to 6th grade. Dates are September-May. Meal for kids & families @ 5:30 pm. Education session @ 6-7 pm.

Youth Group is for Grades 9-12. Varying year round schedule, but most often the 2nd and 4th Wednesday @ 7-8 pm. (9th Grade confirmation students can be in youth group as well as confirmation.)

Confirmation is for Grades 7-9. Meal for kids & families @ 5:30, Class for 7th & 8th @ 6-7 pm, Class for 9th @ 7-8 pm.

Parent/Guardian Information (Please write neatly):

Parent/Guardian 1: _____ Relationship to child(ren): _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____

Alternate Emergency Contact (Name & Phone): _____

Parent/Guardian 2: _____ Relationship to child(ren): _____

Address (if different): _____

Home Phone: _____ Cell: _____ Email: _____

Initial each statement indicating your agreement:

I will be active in my child(ren)'s faith development during their time in CLC Youth Ministry. I will make a weekly commitment to have my child(ren) present.

I give my permission for CLC to use photographs of my child(ren) for promotional purposes (including print, web, and social media), and I understand that names will not be included along with photos.

I do not give permission for CLC to use photographs of the child(ren) listed: _____
and I understand that I must inform my child(ren) that they may not be photographed.

Signature of Parent/Guardian _____ **Date** ____ / ____ / ____

(Please fill out other side)



Student #1:

Name: _____ Grade in Fall (*age if N/A*): _____ Gender: _____

Check Age Appropriate Session(s) (Descriptions on previous page):

___ **“Wednesday in the Word” Church School** ___ **Confirmation** ___ **9th-12th Youth Group**

Birthday: ___/___/___ School: _____ Student Email: _____

Can receive text updates/reminders: Circle YES/NO Student Cell Phone: _____

Other information:

Allergies and severity _____

Physical Limitations _____

Special Behavioral/Developmental Considerations _____

Anything else we should know to help your student feel comfortable, safe, and welcome? _____

Student #2:

Name: _____ Grade in Fall (*age if N/A*): _____ Gender: _____

Check Age Appropriate Session(s) (Descriptions on previous page):

___ **“Wednesday in the Word” Church School** ___ **Confirmation** ___ **9th-12th Youth Group**

Birthday: ___/___/___ School: _____ Student Email: _____

Can receive text updates/reminders: Circle YES/NO Student Cell Phone: _____

Other information:

Allergies and severity _____

Physical Limitations _____

Special Behavioral/Developmental Considerations _____

Anything else we should know to help your student feel comfortable, safe, and welcome? _____

Student #3:

Name: _____ Grade in Fall (*age if N/A*): _____ Gender: _____

Check Age Appropriate Session(s) (Descriptions on previous page):

___ **“Wednesday in the Word” Church School** ___ **Confirmation** ___ **9th-12th Youth Group**

Birthday: ___/___/___ School: _____ Student Email: _____

Can receive text updates/reminders: Circle YES/NO Student Cell Phone: _____

Other information:

Allergies and severity _____

Physical Limitations _____

Special Behavioral/Developmental Considerations _____

Anything else we should know to help your student feel comfortable, safe, and welcome? _____

ADDITIONAL PAGE IF NEEDED

Student #4:

Name: _____ Grade in Fall (*age if N/A*): _____ Gender: _____

Check Age Appropriate Session(s) (Descriptions on previous page):

____ **“Wednesday in the Word” Church School** ____ **Confirmation** ____ **9th-12th Youth Group**

Birthday: ____ / ____ / ____ School: _____ Student Email: _____

Can receive text updates/reminders: Circle YES/NO Student Cell Phone: _____

Other information:

Allergies and severity _____

Physical Limitations _____

Special Behavioral/Developmental Considerations _____

Anything else we should know to help your student feel comfortable, safe, and welcome? _____

Student #5:

Name: _____ Grade in Fall (*age if N/A*): _____ Gender: _____

Check Age Appropriate Session(s) (Descriptions on previous page):

____ **“Wednesday in the Word” Church School** ____ **Confirmation** ____ **9th-12th Youth Group**

Birthday: ____ / ____ / ____ School: _____ Student Email: _____

Can receive text updates/reminders: Circle YES/NO Student Cell Phone: _____

Other information:

Allergies and severity _____

Physical Limitations _____

Special Behavioral/Developmental Considerations _____

Anything else we should know to help your student feel comfortable, safe, and welcome? _____

Student #6:

Name: _____ Grade in Fall (*age if N/A*): _____ Gender: _____

Check Age Appropriate Session(s) (Descriptions on previous page):

____ **“Wednesday in the Word” Church School** ____ **Confirmation** ____ **9th-12th Youth Group**

Birthday: ____ / ____ / ____ School: _____ Student Email: _____

Can receive text updates/reminders: Circle YES/NO Student Cell Phone: _____

Other information:

Allergies and severity _____

Physical Limitations _____

Special Behavioral/Developmental Considerations _____

Anything else we should know to help your student feel comfortable, safe, and welcome? _____