



# Christ Our Shepherd Lutheran Church

## Participation Form 2021-2022 for Children, Youth & Family Ministries

Please complete one form per Child/Youth.

**CHILD/YOUTH INFORMATION**      This form contains new information for the church:

LAST NAME		FIRST NAME	
NICKNAME		STREET ADDRESS	
CITY		STATE	GA
			ZIP
DATE OF BIRTH		GRADE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
DATE & LOCATION OF BAPTISM		YOUTH CELL PHONE # & EMAIL	
School Name			

**PARENT or LEGAL GUARDIAN INFORMATION**

LAST NAME		FIRST NAME	
<i>PROVIDE ADDRESS INFORMATION IF DIFFERENT FROM ABOVE</i>		STREET ADDRESS	
CITY		STATE	GA
			ZIP
HOUSEHOLD EMAIL		HOME NUMBER	
PARENT CELL PHONE NUMBER		EMERGENCY CONTACT & NUMBER	

**PHOTO AND NAME PERMISSION:**

<input type="checkbox"/> I DO	<input type="checkbox"/> I DO NOT	<b><i>I do/do not</i></b> give permission for my child's name and picture to appear in church printed publications, local newspapers, Church website and social media sources. I may contact the church office to ask an individual picture be removed at any time.
PARENT/GUARDIAN SIGNATURE (PLEASE USE BLUE INK)		DATE

**ALLERGY INFORMATION:**

<input type="checkbox"/> ALLERGY	<input type="checkbox"/> No ALLERGY	My child does or does not have any allergies. If they do have an allergy please specify below.
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Description

Please turn over to complete 2<sup>nd</sup> page



# Christ Our Shepherd Lutheran Church

2021-2022 PARENTAL CONSENT TO TREAT A MINOR (please sign in blue ink)

This form is to be completed annually and filed at the church.

A copy may be taken on each COS sponsored trip.

Being the parent or legal guardian of the minor named on this form, I consent to any x-ray, anesthesia, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor. Further, **I understand that all efforts will be made to contact me prior to treatment.** In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor. I further understand that the doctors, dentists, and other providers attending to my minor will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my minor. Any policy of the church or organization sponsoring the event will be used as secondary coverage.

Should it be necessary for my minor to return home from an event due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Please check here to indicate you have read the information above.

PARENT or LEGAL GUARDIAN MEDICAL INSURANCE INFORMATION			
LAST NAME OF INSURED		FIRST NAME OF INSURED	
SIGNATURE OF INSURED (BLUE INK)		DATE OF BIRTH OF INSURED	
RELATIONSHIP TO MINOR		INSURANCE CARRIER	
GROUP NUMBER		MEMBER ID.	
EMPLOYER		INSURANCE CARRIER CUSTOMER SERVICE NUMBER	
INSURED'S CELL PHONE NUMBER		EMERGENCY NUMBER IF DIFFERENT FROM CELL PHONE	
PHYSICIAN'S NAME		PHYSICIAN'S PHONE NUMBER	

Please list any allergies or medical concerns (e.g. food allergies, diabetes, asthma, etc.) or special needs (e.g. physical limitations, learning differences, medications, etc.).

Please attach any other information about this minor we should know. Check if attaching information



Child's Name \_\_\_\_\_

I would like to register my child for:

Faith Exploration Classes Sunday Morning 9:40 – 10:40 (3 year old – 5<sup>th</sup> grade)  
Circle Grade: PreK 3 PreK 4 K 1 2 3 4 5

**M & Ms (1<sup>st</sup> – 5<sup>th</sup> Grade) \_\_\_\_\_**

Cost \$25 for year

Wednesdays 4:30 – 5:30

**Begins Wednesday, September 1**

**Music & the Master (M & M)** is a mid-week opportunity for music education and musical experience that includes preparation for worship involvement with vocal and instrumental music. This group presents a musical to the church each Christmas and Spring.

**sKiddles (PreK-K) \_\_\_\_\_**

Cost \$10 for year

Wednesdays 5:00-5:30

**Begins Wednesday, September 15**

**sKIDDles** is for 4 and 5 years old to have fun and sing. They are invited to sing in each worship service several times throughout the year. sKIDDles children are welcome to participate in the Christmas Program and the spring musical.

**First Communion \_\_\_\_\_**

I am interested in receiving information on First Communion Instruction when classes are scheduled. This is a two session class usually offered on Sunday afternoons. A least one parent or adult participates in this class with your child.

