



Christ Our Shepherd Lutheran Church

Participation Form - School Year: _____

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	<p><i>I do/do not</i> 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.</p>
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 2nd page



Christ Our Shepherd Lutheran Church

School Year: _____

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:

___ **Sunday School** (4-year-old – 5th grade)

Sunday Morning

Circle Grade: PreK 4 K 1 2 3 4 5

Follows school-year calendar

___ **Music & the Master (M & M)** 1st -5th grades

Wednesdays 4:30 – 5:30

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. Follows school-year calendar

___ **sKiddles (PreK-K)** 4- and 5-year-olds

Wednesdays 5:00-5:30

A mid-week opportunity for 4-5-year-old children to have fun and sing. They participate in the Children's Christmas Program and the Spring Musical. Follows school-year calendar

___ **First Communion Classes**

I am interested in receiving information when classes are scheduled.

First Communion instruction is offered for Parents with their children in 2nd-5th grade. It is scheduled 1 or 2 times per year based on requests.