**KIDS FOR CHRIST**

**First Lutheran Church**

**Wednesdays, September 20-March 20 from after school to 5:30 PM**

**2023-2024 After-school Christian Education Program (Grades K-5th)**

I request that (Student’s Full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be allowed to bus from Prairie Elementary School or Worthington Intermediate School to First Lutheran Church for the purposes of religious instruction.

Grade: \_\_\_\_\_\_\_ Student’s Birth Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone # where parent(s) or guardian can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church you attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Dietary Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicines Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:**

* Once a child is enrolled he /she must attend Kids For Christ every week. If your child will not be in attendance please notify the church of their absence:
* First Lutheran Church Phone: 507-376-6148
* Jeanette McCormick cell phone and email: 612-636-1533, pastorjeanettemccormick@gmaill.com
* Brenda Richards cell phone: 712-230-7157 Email: tinymustardseed1720@gmail.com
* **Please return your enrollment to your classroom teacher by September 6.**

***TURN OVER***

**Medical, Accident and Transportation Release Form**

I give First Lutheran Church permission to make decisions concerning my child on a First Lutheran Church event or trip, while I am not there. I understand that everyone involved will make every attempt to provide safe supervision and I release First Lutheran Church and adults accompanying, of all responsibility having to do with the welfare of my child during this event. I also understand that if an accident does occur, my insurance company will provide the primary coverage, and I will be contacted. It is not a requirement to have insurance to participate in Kids For Christ. I understand that in case of an emergency, every attempt will be made to contact me as a parent or guardian. In case I cannot be reached and care is needed immediately, I give permission for my child’s leaders or any leaders to take my child to the hospital for the care that is needed. I further direct that the hospital and its physicians have my permission to provide care for my child. I give First Lutheran Church permission to transport my youth in school buses, church vehicles and, in rare instances, personal vehicles as needed.

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent(s)/Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo Release**

During the course of any given activity during the year, youth may be captured by multi-media devices (including photography, video, and audio). These are often used on bulletin boards, calendars, Facebook, church websites, youth blogs, and other venues. To assure protection, only first names will ever be used on all electronic applications (excluding programs like Facebook that automatically adds the last name of any youth with their own personal account). If there is an application that you wish your child to not be posted on, please mark it below: (Examples include, but not limited to, Facebook, Church website, bulletin boards, church calendars, Evangel newsletter, etc.)

I understand that First Lutheran Church uses multi-media devices to encourage youth to participate in events, and also to remind the youth of their experiences during the activity. With my signature, I give First Lutheran Church permission to use any multi-media that my child is a part of (excluding those I listed above), to accomplish these goals.

**Signature of Parent(s)/Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**