

Lutheran Church of Our Redeemer

2017-2018 Sunday & Wednesday

Church School Registration

Ages 3 Years - Grade 6



Church School sessions begin on Sunday, September 10th & Wednesday, September 13th, 2017

Child's Name _____ Birth date (M/D/Y) _____ Present Age _____ Grade Entering (fall of 2017) _____

Sex (circle one) M F Baptized Yes No Date Baptized _____ School _____

Current Address _____

Enroll my child in the following session:
(Check which session you desire)

Sunday Church School

_____ Beginning September 10, 2017
9:30-10:25 am

**Please return forms
to the Church Office
by September 1!**

Wednesday Church School

_____ Beginning September 13, 2017
5:30-6:25 pm

**All are needed to support the educational ministry
Of Lutheran Church of Our Redeemer for our children!**

In what ways will you help in the Christian Education of the children of LCOOR?

Music Volunteer

Piano _____ Leader _____
Sun _____ Wed _____

Co-Group Lead with _____

Grade _____ Sun _____ Wed _____

Substitute Group Leader

(available to be called as needed)

Grades _____ Sun _____ Wed _____

Resource Room Volunteer

(prepare & distribute materials, compile attendance)

Sun _____ Wed _____

Group Leader

Preschool ages 3 Sun _____ Wed _____

Pre-K age 4/5 Sun _____ Wed _____

Kindergarten Sun _____ Wed _____

1st Grade Sun _____ Wed _____

2nd Grade Sun _____ Wed _____

3rd Grade Sun _____ Wed _____

4th Grade Sun _____ Wed _____

5th Grade Sun _____ Wed _____

6th Grade Sun _____ Wed _____

Please turn over this page to complete the Permission to Treat form.

Lutheran Church of Our Redeemer PERMISSION TO TREAT FORM

September 1, 2017– August 31, 2018

(Please complete one per student)

YOUTH'S NAME:

PARENTS' MARTIAL STATUS: (circle one) married / separated / divorced / single / widowed

FATHER'S NAME: Home Phone: Cell #:

Father's Place of Work: Work Phone:

MOTHER'S NAME: Home Phone: Cell #:

Mother's Place of Work: Work Phone:

E-mail Address:

EMERGENCY CONTACT Person:

RELATIONSHIP to family:

Home Phone: Cell #:

Address:

Youths Current Medication(s): _____

Are there special needs – learning difficulties, behavioral difficulties, dietary concerns, allergies, family or friend issues, or other things we should be aware of to better minister to you or your child? (Please list): _____

In case of medical/dental emergency concerning my child, at a time when I/We cannot be notified, I/We hereby authorize Lutheran Church of Our Redeemer officials to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I/We give permission to those administering emergency treatment to do so using those measures deemed necessary, such as but not limited to x-ray examinations, anesthetics or medications, medical/surgical/dental diagnosis or treatment, and/or hospital care. I/We absolve Lutheran Church of Our Redeemer, its employees and volunteer chaperones from liability in acting on my behalf in this regard.

Transportation and Picture Permission

I/We give permission for my/our child to participate in activities sponsored by Lutheran Church of Our Redeemer of Watertown, South Dakota.

I/We understand that a church staff member(s) and/or volunteer chaperones will accompany my/our child and other children. I/We understand that the children may be transported in privately owned cars driven by parents of students driven by a licensed driver. I/We agree that the travel arrangements are appropriate. I/We waive any claim against the church, its employees or the volunteer chaperones for any injury suffered by my child in excess of the church's insurance limits.

I/We hereby grant Lutheran Church of Our Redeemer permission to use my child's likeness in a photograph in any and all of its print publications and communication mediums such as website, e-mail, social networks, video, television, billboard, etc...without payment or other consideration.

DATE:

PARENT/GUARDIAN SIGNATURES:

