



Registration Form Grades 5 - 6

Student's Full Name: _____ Entering Grade: 5 or 6

Emergency Contact: _____ Relationship: _____

Emergency Phone Number _____

Yes, I am interested in helping with this ministry: _____

NOTHING HAS CHANGED SINCE LAST REGISTRATION: _____

Mother's Full Name (with maiden name): _____

Father's Full Name: _____

Address: _____ Alternate Address: _____

Home Phone: _____ Student Cell Phone: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Mom email: _____ Dad email: _____

Student email: _____ Home email: _____

Birth Date: _____ City where Born: _____ Baptismal Date: _____

Church Baptized: _____ Sponsors: _____

First Communion Received: Yes ____ No ____ Church where Communed: _____

Does your child have any allergies or special needs? If so, please detail below:

May your child occasionally consume food and/or treats in class? Yes ____ No ____

PLEASE COMPLETE SECOND SIDE

CHRIST LUTHERAN CHURCH

Youth Photo Release

I, the legal parent/guardian of (child's name) _____, hereby authorize and consent to the use of images or videos of my child listed above, with or without their name, by Christ Lutheran Church of Somerset, WI for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources.

I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Christ Lutheran Church, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child listed above.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Christ Lutheran Church may typically publish photos taken at events related to CLC on Facebook and promotional materials.

I DO NOT WANT my child's photo used in any online social media postings or promotional material.

Child's Name: _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____