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**C.H.A.O.S. ENROLLMENT FORM**  
**2008 – 2009 : WEDS. 8-9:00 PM**  
*Please use a separate form for each child*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

*First Name                  Maiden Name                  Last Name*

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

*Street Address                  City                  Zip Code*

Phone Number: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Any Allergies? \_\_\_\_\_

**MEDIA RELEASE**

I give permission for my child to be photographed, and/or video/audio taped at King of kings Lutheran Church or at events sponsored and/or approved by King of kings. I understand that these photos or video/audio tapes may be used for instructional purposes, such as staff training, conference presentations, and/or general use by the children, and staff throughout the church. These photos may also be displayed on bulletin boards at King of kings Lutheran Church, on the King of kings web page or in flyers or brochures promoting the church or our youth and/or children's programs.

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*Parent/Guardian Signature*

*Date*