

King of kings Lutheran Church  
47500 Schoenherr Rd  
Shelby Twp., MI 48315

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**YOUTH & CHILDREN'S MINISTRIES ENROLLMENT FORM 2009-2010:  
SUNDAYS @ 9:30 & 11:00 AM**

*Please use a separate form for each child*

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

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

Age: \_\_\_\_\_

Birthdate (MM/DD/YY): \_\_\_\_\_

Grade (in Sept.): \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

Phone Number *include area code*: \_\_\_\_\_

Emergency Phone Number *include area code*: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Which time would your child 'most likely' attend?: 9:30 A.M. / 11:00 A.M.

Any Allergies? (If so, please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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' website or in flyers or brochures promoting the church and/or children's programs.

Parent/Guardian Signature: \_\_\_\_\_