

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: _____