
YOUTH & CHILDREN'S MINISTRIES ENROLLMENT FORM
2010-2011 : SUNDAYS @ 9:30 & 11:00 AM

Please use a separate form for each child

First Name: _____

Last Name: _____

Age: _____ Birthdate: _____ Grade (in Sept.) _____

Parent's Name(s): _____

Address: _____
Street Address City Zip Code

Phone Number: _____
include area code

Parent's Email: _____

Which time would your child 'most likely' attend?
9:30 am _____ 11:00 am _____

Has your child been baptized? _____ Yes _____ No

Has your child had their First Communion? _____ Yes _____ No

Has your child been Confirmed? _____ Yes _____ No

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 and/or children's programs.

Parent/Guardian Signature

Date