

Children's Ministry



2011-2012

(To be completed and signed by student's parent or guardian)

Name: _____ Gender: M F
Grade ('11-12 year): _____ School: _____ Birthday: ___/___/___ Baptism Birthday: ___/___/___
Parent's Name(s): _____
Street Address: _____ City/St/Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Recv Children's Ministry emails? Y N
Emergency Contact (other than parents): _____ Relationship to student: _____
Home Phone: _____ Cell Phone: _____
My family worships at: Rejoice Other _____ We do not have a home church
_____ I would like more information about Rejoice
_____ I would like to receive the Rejoice weekly email news bulletin ("E-Connections")

Please check all that apply:

Sunday School / First Communion

- Kids for Christ (Sunday School)
Preferred Service: 9:00 10:30
- First Communion, Spring Session (2nd grade+)
March 11, 18, & April 5, 2012

Tuesday Evening Youth Groups (first 3 Tuesdays, Oct-Apr):

- 2nd Grade Grounded! in Christ
- 3rd Grade Prayer Pack
- 4th Grade Navigators
- 5th Grade Justice League
- 3rd-5th Grade God's Girls (4th Tues of the month)

- Attached is a completed medical information form I completed a medical information form at VBS this summer

Publicity Release

I consent to the use by Rejoice Lutheran Church of any video images, photographs, audio recording, or any other visual or audio reproduction in which the subject of this release may appear. I understand that these materials may be used or distributed to promote Rejoice's ministries. I release Rejoice from any liability connected with the use of my picture or voice recording as part of any promotion.

Parent/Guardian Signature _____ Date _____

Activity Permission / Medical Release

I give permission for (name) _____ to participate in any student ministry events sponsored by Rejoice Lutheran Church, Geneva, IL during the 2010-2011 school year, including off campus activities and transportation to and from those activities. If he/she is injured while participating in Rejoice activities and requires professional medical treatment, I give consent to, and will be responsible for, any medical treatment deemed necessary by a licensed physician. I further agree to release the physician, medical facility, Rejoice Lutheran Church and its ministry leaders from any and all liability resulting from his/her participation in Rejoice activities, including transportation to/from off-campus activities.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Health Form Received : _____ Date entered into database: _____