

CHRISTUS VICTOR LUTHERAN CHURCH
2018-2019 Family Registration Form For:
Sunday Faith Formation For All & Wednesday GLOW (1st-5th grade)

HOME ADDRESS: _____

PRIMARY PHONE: _____ PRIMARY EMAIL: _____

PRESCHOOL AND KINDERGARTEN: Faith Formation For All on Sundays at 9:45am

Child's Full Name	Circle: Male/Female	Birth Date (MM/DD/YY)	Entering Kindergarten This Year? Circle: Y / N
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1.	M / F		YES / NO
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Allergies/Special Needs:

2.	M / F		YES / NO
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Allergies/Special Needs:

1ST THROUGH 5TH GRADE: Mark an "X" under options for Sunday and/or Wednesday

CHILD'S FULL NAME	Circle: Male Female	Birth Date (MM/DD/YY)	Grade (2018-19)	SUNDAY: 9:45am FAITH FORMATION (X)	WEDNESDAY: 6:00pm GLOW (X)
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1.	M / F				
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Allergies/Special Needs:

2.	M / F				
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Allergies/Special Needs:

3.	M / F				
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Allergies/Special Needs:

Photo/Video Image Consent: YES NO

I give permission for my child(ren)'s image(s) to be used in any Christus Victor publications, promotional materials, videos or slide shows, including the Christus Victor website and social media platforms.

PARENT/GUARDIAN INFORMATION

Youth lives with: Both Parents _____ Mother_____ Father_____ Guardian_____ Relationship _____

Mother's Name	Father's Name	Guardian's Name
Address - if different from child(ren)	Address - if different from child(ren)	Address - if different from child(ren)
Phone:	Phone:	Phone:
Email:	Email:	Email:

Minor Participation Authorization and Consent to Emergency Medical Treatment

I give my consent to have my minor child(ren) participate in **Christus Victor Lutheran Church** sponsored activities (hereafter "these activities").

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child(ren) in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release **Christus Victor Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in these activities and agree to save and hold harmless **Christus Victor Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child(ren)'s participation in these activities.

Further, being the parent or legal guardian of the minor child(ren), I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child(ren). I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child(ren). As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child(ren) and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Date: _____

Parent/Guardian(s) Signature(s)



Curriculum Costs for Faith Formation For All and GLOW are covered through the general budget for 2018-2019. Costs for special activities will be announced ahead of time; and if you need assistance, please contact the program leader/pastor.

PIZZA COST FOR WEDNESDAY GLOW:

Pre-payment options (at \$5/meal):

- \$50 per person for 1st half program year
- \$55 per person for 2nd half program year
- \$105 per person for full program year (#21 sessions)

*Please include Pizza Payment with Registration
Make checks payable to: Christus Victor Lutheran Church*

**FOR OFFICE USE ONLY:
PAYMENT RECORD:**

Paid \$ _____ Date: _____
 Cash or Check# _____

Paid \$ _____ Date: _____
 Cash or Check# _____