



Registration Form for Children 2016-2017
Sundays and Weekdays @ Christ the King Lutheran Church

Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Music Explorers (4 - 5 yrs) |
| <input type="checkbox"/> Sunday Church School (Toddler - Elementary) | <input type="checkbox"/> Jr. Choristers (K - grade 2) |
| <input type="checkbox"/> Music Explorers (infants 0 - 18 months) | <input type="checkbox"/> Choristers (grades 3 - 6) |
| <input type="checkbox"/> Music Explorers (toddlers 2 - 3 yrs) | |

Participant's Full Name: _____

Current grade: _____ Name of School Student Attends: _____

Birth Date: _____

Baptismal Date: _____ Church Baptized: _____

Mailing Address: _____

Parent's E-Mail: _____

Mother's Name: _____

Primary phone #: _____ Secondary phone #: _____

Father's Name: _____

Primary phone #: _____ Secondary phone #: _____

Other Caregiver: _____ Relationship: _____

Primary phone #: _____ Secondary phone #: _____

**In case of an emergency, we must be able to reach a parent or guardian
in person or by phone at all times during the programming on-site.**

In case of an emergency, contact this person if parents cannot be reached:

Name: _____ Relationship to student: _____

Primary phone #: _____ Secondary phone #: _____

(Over)

Medical and Liability Release of a Minor or Self

I, the individual or parent/guardian of _____
(child's name or your name), authorize a representative of Christ the King Church to take such action as
deemed necessary for the care, welfare and health of myself/my child including the giving and consent of
medical treatment.

Allergies and other pertinent health concerns: _____

Allergies/Health concerns reviewed _____ Date _____

Media Release: I, the individual or parent/guardian of _____
give permission to use, publish, or disclose newsletters, brochures, periodicals, posters, websites, or other
media related vehicles, any photographs, videos, audios, and any other material which I or my child may have
appeared, spoken, written, or otherwise been represented.

Participant or Parent/Legal Guardian (if participant is under 18) Date

Signature of Witness (an adult not related to the above signer) Date

Wednesday Night Alive! fees apply to children who participate in the Music Explorers classes. There is no
fee for Choristers, Confirmation Class and adult programs. The Music Explorer class fee is \$65.00 per child per
semester.

Music Explorer Class

Number of Children	Fall 2016	Spring 2017	For the year
_____	\$ _____	\$ _____	\$ _____

Check # _____ Cash **Total** \$ _____