

2019-20 KOG Pre-K through 12th Grade Registration

Student's Name: _____

Address: _____

Birth Date: _____ Grade: _____ School Attending: _____

Mom Info

Dad Info

Name: _____ Name: _____

Email: _____ Email: _____

Cell: _____ Cell: _____

Registered at KOG? Yes No

On Flocknote? Yes Not yet

Primary Residence is with (check one): Father Mother Both

Emergency Contacts (other than parents):

Name: _____ Phone: _____

Relationship: _____ Is this person able to pick-up your child?
 Yes No

Name: _____ Phone: _____

Relationship: _____ Is this person able to pick-up your child?
 Yes No

Photograph Approval: Please indicate if we may have permission to share pictures taken of your child by posting them on the KOG website, KOG Social Media, or in other church publications.

Yes, I give my permission. No, I do not give my permission.

Continued on next page.

Student's Medical/Personal Information
Information provided in this section is confidential.

Please list any allergies: _____

Please list medications your child currently takes: _____

Does your child have any learning disabilities?: _____

Is there anything else you would like us to know about your child?: _____

Engagement Information

Would your child be interested in singing in the Children's Christmas Eve Service?

Yes No

Would you (or any adult in your household) be interested in volunteering in any of these activities?

Sunday School Leader

Sunday School Substitute

Adult Small Group Facilitator

Seasonal Faith Formation Events

Name of person completing this form: _____

I give permission for my child to participate fully in the Children's Ministry/Youth Program at King of Glory Lutheran Church. In case of an emergency I understand that every effort will be made to contact the parents/guardians of the child. In the event that I cannot be reached, I hereby give permission for the medical personnel selected by the Children's Ministry/Youth Program to secure proper and necessary treatment for my child as named on this form.

On behalf of the child, myself, and our household, I agree to release, hold harmless, and indemnify King of Glory Lutheran Church, its agents and employees (including adult volunteers) from any and all liability arising from or related to injuries, illnesses or treatment that my child receives, and the associated costs.

Signature

Date