

**St. Andrew Lutheran Church  
Children's Ministries  
School Year 09-10**

Registration

In an effort to update our church database, we request that you fill out this form completely. Please print neatly. We want to make sure our records are current and accurate. Thank you! **J**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ F: \_\_\_\_\_  
Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # Phone \_\_\_\_\_  
The best times/ ways to reach me: \_\_\_\_\_ School Track \_\_\_\_\_  
Email Address: \_\_\_\_\_ Child's Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent(s)/ Guardian(s) Name(s) \_\_\_\_\_  
Occupation of Parent/ Guardian(s): \_\_\_\_\_  
Parent/Guardian: \_\_\_ is a Member \_\_\_ Attends here Person bring & picking up child \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**Child will attend:** Please circle all that apply *Sunday school* 10:00 (3years old-Elementary school) ,  
*Kids Klub* (first Tuesday of month 4:30-7:30 Elementary School) , *Youth Group* (Middle and High School),  
*Confirmation* (Middle and High School)

**I will support my child and Children's Ministries by praying for them and:**

\_\_\_ **Help** as a Shepherd (Assist in Sunday school) or (Assist in Kids Klub)  
\_\_\_ **Teach** \_\_\_ 3-5 year olds \_\_\_ K-2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> -5<sup>th</sup> **in** \_\_\_ Sunday School or \_\_\_ Kids Klub  
\_\_\_ **Special Events Party Planner** to create and organize fun, safe events  
\_\_\_ **Coordinate** Sunday School or Kids Klub  
\_\_\_ **Make** follow up calls, help with mailings, or organize supplies  
\_\_\_ **Help in any way you need me!**

**My previous experiences with children include** \_\_\_\_\_

For the safety of our children, do you know CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_

I will help my child practice putting their faith into action; learn good stewardship, and giving back to God with a cheerful heart by:

\_\_\_ Bringing my child on a regular basis.  
\_\_\_ Giving my child responsibilities at home that help the family.  
\_\_\_ Showing my child how to help someone else or letting them help.  
\_\_\_ Modeling a giving heart myself through my offering & sharing ministry.  
\_\_\_ Encouraging my child to bring an offering to Sunday School/ Church each week.  
P.S. \_\_\_\_\_ I need Offering Envelopes for my child.  
\_\_\_ Encouraging my child to share his/her God given gifts in a ministry or for getting involved in a ministry together as a family.

**Attached is my donation of \$ \_\_\_\_\_ to help the programs as needed.**

**My Childs Information:**

Things I'd like you to know about my child:

Learning, behavioral, or medical needs: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Know Allergies to food/ Medications: \_\_\_\_\_

Reccommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization:**

I hereby give permission for \_\_\_\_\_ to participate in all activities of St. Andrew Children's Ministries. In the event of an emergency, know that every effort will be made to contact a Parent/ Guardian immediately. I authorize St. Andrew Lutheran church to administer first aid or medical treatment necessary and release them from any and all responsibility in connection therewith. I understand that this includes off site/ fields trips also. I understand my photo or my child's photo may be taken for use in the Children's Ministry promotional literature, webpage, art project, or kid's bulletin board. I waive the right to inspect or pre-approve the photo if used for such purposes. **I will support or assist in any way that I am able.**

**Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Today's Date \_\_\_\_\_

Thank you for sharing God's love by making a positive difference in a child's life!

**Youth Group Members and Parents Only**

**Youth Group members are encouraged to make responsible choices and to follow through on their commitments. To assist them in this process, and to insure that Youth Group funds are used wisely, families will be responsible for reimbursing the Youth Group account for any fees paid for activities members sign up for, but do not attend. Members: please make a payment directly to the Youth Group no later than 1 week following the event. Thank you.**

**Parent Signature** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

*Please return this completed registration or mail to:*

St. Andrew Lutheran Church  
Children's Ministries  
% De Ann Bauman  
8901 Del Webb Blvd.  
Las Vegas, NV 89134-8686