

GRACE LUTHERAN CHURCH

2011-12 POWER HOUR REGISTRATION

M F

Child's Name _____

Date of Birth _____

Gender _____

School grade entering fall of 2011(check one):

- | | |
|---|---|
| <input type="checkbox"/> Primary I (eligible if 3 before 9/1/2011) | <input type="checkbox"/> Primary II (eligible if 4 before 9/1/2011) |
| <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 3 rd Grade |
| <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade | <input type="checkbox"/> 6 th Grade <input type="checkbox"/> 7 th Grade |
| <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 9 th Grade | |

Parent's/Guardian's Name _____

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Home Phone _____

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Work Phone _____

Cell Phone _____

Parent's/Guardian's Name _____

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Home Phone _____

()

Work Phone _____

Cell Phone _____

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

Email Address _____

Email Address _____

ALTERNATIVE EMERGENCY CONTACTS—other than Parent

Primary Emergency Contact (relationship) _____

() ()

Home Phone _____

Cell Phone _____

Secondary Emergency Contact (relationship) _____

() ()

Home Phone _____

Cell Phone _____

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

CONDITIONS OR CONCERNS

Is there anything we should know to help us ensure the best possible experience for your child? Please share medical conditions including allergies, vision/hearing concerns, physical limitations, learning disabilities or relevant custody/living arrangements, including special mailing requests.

AUTHORIZATIONS

If my child needs medical treatment while participating, it is my wish that treatment be started while efforts are being made to contact me. I consent to medical procedures deemed necessary by the physician while efforts are continuing to contact me. I accept responsibility for all cost related to such emergency treatment.

Yes No

I give my permission to use pictures and the name of my child in publications from Grace Lutheran Church, which may include: bulletin boards, Ways of Grace, Grace Website, etc.

Yes No

PARENTAL INVOLVEMENT

Parents are encouraged to share their talents in at least ONE of the following areas.

Children of the Spirit (PI- 1st Grade)

- Classroom Teacher
- Classroom Assistant
- Storyteller
- Craft Leader
- Librarian
- Music Leader
- Room Parent (monthly)
- Substitute
- Game Leader

Kids of the Kingdom (2nd-6th Grade)

- Classroom Leader
- Classroom Assistant
- Substitute
- Room parent (monthly)
- Music Leader

Teens in Christ (7th-9th Grade)

- Classroom Leader
- Room Parent (monthly)

Power Hour (General)

- Offering/Attendance
- Greeter
- Special Events Support
- KICK Time Actor
- Children, Youth and Family Ministry Team
- Christmas Program Co-Director
- Christmas Program Volunteer
- Nursery Care

(Sunday 9:30-10:30)

Parent Signature

Date