

SUNDAY SCHOOL & LOGOS REGISTRATION FORM

King of Glory Lutheran Church

2016 - 2017 School Year

King of Glory is committed to partnering with parents for their children's faith journeys. Parental involvement is an expectation of the Sunday School and LOGOS ministries. We encourage you to commit to serving in these ministries and your children to commit to attendance at Sunday school, LOGOS, and worship services as a priority for your family. We pray for God's blessings on our year together!

Child's Name (first & last)	Registering (X) for Sun. School (age 3 by 9/10/16 through Grade 5)	Registering (X) for LOGOS (Grades 2-6)	Age	Grade in School (Fall 2016)	Birthday (m/d/yr)
1.					
2.					
3.					

Parent/Guardian Name(s) _____

Mailing Address Street Address _____ City & Zip Code _____

Home phone _____ Preferred Email Address _____

Work phone(s) Mom: _____ Dad: _____

Cell phone(s) Mom: _____ Dad: _____

Give name & address of any additional family members that you wish to receive Sunday school &/or LOGOS mailings (ex. parent living at another address): _____

Members of King of Glory? yes no If no, would you like information about membership? _____

******* Please complete BACK of this sheet *******

Serving Opportunities:

The success of our LOGOS and Sunday School ministries truly depends upon volunteers. Family/parental involvement is needed in order to maintain and grow these ministries. Please fill out and return (with this registration form) the enclosed sheet listing all the different serving opportunities for our children's ministries.

Emergency Contact:

In case of an emergency, we will attempt to contact **PARENTS FIRST**.

Please list **ANOTHER** emergency contact in the event parents are unavailable.

Name _____ Phone _____ Relationship: _____

Medical Information & Agreements:

For Child #1 on front-Food Allergies/Other Allergies/Health Problems/Special Needs: _____

For Child #2-Food Allergies/Other Allergies/Health Problems/Special Needs: _____

For Child #3-Food Allergies/Other Allergies/Health Problems/Special Needs: _____

Pediatrician _____ Phone _____ Hospital Preference _____

As parent/guardian, I agree to the following:

1. AGREEMENT for Authorization for Treatment of a Minor:

In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment, or hospital care for my child(ren) which is deemed advisable by, and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

2. AGREEMENT for Photo Use: I GIVE PERMISSION ___YES ___NO to use photos of my child(ren) on KOG website, KOG newsletter, and the KOG Facebook page. Children will not be identified by name.

SIGNATURE of Parent/Guardian _____ **Date** _____