

# 2017-2018 Registration and Permission • Children, Youth, Music, and Education

## St. John's Lutheran Church, Des Moines, Iowa

This registration form covers all children's, youth, music, and educational programming at St. John's. These forms are important for the safety and success of our ministries. Please return the completed paperwork to the church office. Thank you! Please use additional forms as needed. If information changes, please contact the church office.

### CHILDREN AND YOUTH PARTICIPANT INFORMATION

1. Full Name \_\_\_\_\_ Preferred name to be called by \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Child's cell phone number \_\_\_\_\_  
Birthday \_\_\_\_\_ Child's email \_\_\_\_\_

Participant's Activities (please check activities in which this child will participate)

- |   |   |
|---|---|
| <input type="checkbox"/> Sunday School (ages 3 through grade 5) | <input type="checkbox"/> KIDZ@SJLC (Preschool age children)     |
| <input type="checkbox"/> Middle School Ministry (grade 6)       | <input type="checkbox"/> Joyful Noise (Kindergarten-2nd grades) |
| <input type="checkbox"/> Confirmation (grades 7-9)              | <input type="checkbox"/> Kisasa (3rd-6th grades)                |
| <input type="checkbox"/> High School Ministry (grades 9-12)     | <input type="checkbox"/> Youth lector                           |

2. Full Name \_\_\_\_\_ Preferred name to be called by \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Child's cell phone number \_\_\_\_\_  
Birthday \_\_\_\_\_ Child's email \_\_\_\_\_

Participant's Activities (please check activities in which this child will participate)

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| <input type="checkbox"/> High School Ministry (grades 9-12)     | <input type="checkbox"/> Youth lector                           |

3. Full Name \_\_\_\_\_ Preferred name to be called by \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Child's cell phone number \_\_\_\_\_  
Birthday \_\_\_\_\_ Child's email \_\_\_\_\_

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| <input type="checkbox"/> High School Ministry (grades 9-12)     | <input type="checkbox"/> Youth lector                           |

### GENERAL FAMILY INFORMATION

Parent/s or Legal Guardian/s \_\_\_\_\_

Address (City, State, Zip) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

All phone numbers (day, evening, cell, work, etc) \_\_\_\_\_

If you DO NOT want photographs or videos of any of the above-named participants used for publicity purposes such as St. John's publications, the St. John's website, and St. John's related social media accounts, please contact Scott LaBlanc, Director of Parish Operations, at [scottl@stjohnsdsm.org](mailto:scottl@stjohnsdsm.org).

## PERMISSION AND RELEASE

I give permission for my above – named child(ren) to join any approved outing or event sponsored by the Music, Youth and/or Education programs of St. John's Lutheran Church, 600 Sixth Avenue, Des Moines, Iowa, 50309, phone 515-243-7691. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by an EMTA, Registered Nurse, physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital. I expect to be contacted as soon as possible.

I, \_\_\_\_\_, also agree to hold St. John's Lutheran Church and any of its agents harmless in the case of any accident or injury of any nature resulting from participation in any approved programs or outings organized by the church.

Signature of Natural Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL INFORMATION

Allergies and Food Restrictions \_\_\_\_\_

Medicines being taken and amount \_\_\_\_\_

Additional medical problems and/or conditions we should be aware of \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy / Group No \_\_\_\_\_

Policyholder's Names \_\_\_\_\_

Please attach a photocopy of your insurance card to this form. If you wish to have an Individualized Health Plan (IHP) on file to indicate any special health needs and procedures for your child, please include the IHP form in addition to the registration form. To obtain an (optional) Individualized Health Plan form, please contact the church office or download the form from the website.

## LEADERSHIP AND HELPERS

We need the support of parents and the whole congregation to make our ministries successful. Please consider sharing your gifts in any of the following areas. You may contact Alicia Karwal, Maggie Evans, or Beth Ann Edwards for more information on anything listed below. Please circle all volunteer activities in which you have an interest.

**SUNDAY SCHOOL** Advent Program Volunteer • Sunday School Teacher • Sunday School Helper • Substitute Sunday School Teacher • Vacation Bible School Volunteer

**MIDDLE SCHOOL MINISTRY** Mentor – Sundays, 8:45 to 9:45

**CONFIRMATION** Mentor – Wednesdays, 6:30 to 8:00 • Driver – As needed for special events  
Chaperone – As needed for special events

**HIGH SCHOOL** Adult Leader – Semi-weekly • Driver— As needed for special events • Chaperone – As needed

**KIDZ@SJLC** Classroom Volunteer – Wednesdays, 6:30 to 7:30

**JOYFUL NOISE** Music Leader Assistant – Wednesdays, 6:30 to 7:30 • Teacher/Helper – Wednesdays, 6:30 to 7:30

**KISASA** Classroom Assistant – Wednesdays, 6:30 to 7:30 • Kisasa Day Camp assistant, first week in August