

Zion St. John Lutheran Church

Youth and Family Program Registration

September 2020-August 2021

Family Information

Parent 1 Name: _____ Parent 1 Phone Number: _____
Parent 2 Name: _____ Parent 2 Phone Number: _____
Parent's Email Address: _____
Parent's Mailing Address: _____
Emergency Contact (Non-Parent): _____ Relationship: _____
Emergency Contact Phone Number: _____
Health Insurance Company: _____ Policy Number: _____

Legal

I/we the undersigned have legal custody of the student(s) named below, a minor(s), and have given our consent for them to attend events being organized by Zion St. John Lutheran Church. I/We understand that there are inherent risks involved in any ministry or athletic event and I/We hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that they are injured and require the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by a health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring the child home at my/our expense should they become ill or if deemed necessary by the director of youth and family ministry, pastor, or other adult in charge.

Parent/Guardian Signature: _____ Date: _____

I do/do not (Circle one) give permission for a Zion St. John staff member to distribute an age and weight appropriate dose of Acetaminophen (Tylenol) or Diphenhydramine (Benadryl) to my child(ren) should the need arise. I understand that these medications will only be used for their labeled purposes.

Parent/Guardian Signature: _____ Date: _____

I give my permission for my child(ren), _____, to attend all activities sponsored by Zion St. John Lutheran Church of Sheffield from September 1, 2020 to August 30, 2021 within 100 miles of Sheffield and lasting no longer than 8 hours. All other activities will have a separate permission. I understand that these events may involve athletic activity, spiritual discussions, and contact with adult volunteers.

Parent/Guardian Signature: _____ Date: _____

Adult Involvement

Does your family hold membership at Zion St. John?	Yes	No
If no, do any of your children hold membership at Zion St. John?	Yes	No
If no, are you interested in becoming members of Zion St. John?	Yes	No
If no, would you like to receive a monthly newsletter by mail?	Yes	No
I am interested in becoming a member of the Parish Education Committee.	Yes	No
I am interested in becoming a member of the Youth and Family Committee.	Yes	No
I am interested in being a chaperone for youth events and programming.	Yes	No
I am interested in team teaching a Sunday School class.	Yes	No
I am interested in sharing my talents with the Youth and Family program in some other manner.	Yes	No
If yes, please indicate: _____		
I am interested in family based events at ZSJ.	Yes	No
I am interested in Christian parenting resources and events.	Yes	No

Individual Child Information

Please fill out one box per child

Child's Name: _____			
Child's Cell Phone Number: _____	OR	N/A	
May Zion St. John text or call your child on this phone number?	Yes	No	
Child's Email Address: _____	OR	N/A	
May Zion St. John email your child at this address?	Yes	No	
Child's Age: _____	Child's Grade in School: _____	Child's Birthdate: _____	
Child's Date and Place of Baptism: _____			
Baptismal Sponsors/God Parents: _____			
Allergies: _____			
Current Medications: _____			
Pertinent Past Medical History (Including physical and mental health): _____			

This child is registering for (Circle all that apply)			
Sunday School (3 Years- Grade 8)	JAM (Grades 5-6)		
Confirmation Class (Grades 7-8)	Middle School Youth Group (Grades 7-8)		
Confirmation Day Prep (9th Grade Fall)	High School Youth Group (Grades 9-12)		

Child's Name: _____

Child's Cell Phone Number: _____ OR N/A

May Zion St. John text or call your child on this phone number? Yes No

Child's Email Address: _____ OR N/A

May Zion St. John email your child at this address? Yes No

Child's Age: _____ Child's Grade in School: _____ Child's Birthdate: _____

Child's Date and Place of Baptism: _____

Baptismal Sponsors/God Parents: _____

Allergies: _____

Current Medications: _____

Pertinent Past Medical History (Including physical and mental health): _____

This child is registering for (Circle all that apply)

Sunday School (3 Years- Grade 8) JAM (Grades 5-6)

Confirmation Class (Grades 7-8) Middle School Youth Group (Grades 7-8)

Confirmation Day Prep (9th Grade Fall) High School Youth Group (Grades 9-12)

Child's Name: _____

Child's Cell Phone Number: _____ OR N/A

May Zion St. John text or call your child on this phone number? Yes No

Child's Email Address: _____ OR N/A

May Zion St. John email your child at this address? Yes No

Child's Age: _____ Child's Grade in School: _____ Child's Birthdate: _____

Child's Date and Place of Baptism: _____

Baptismal Sponsors/God Parents: _____

Allergies: _____

Current Medications: _____

Pertinent Past Medical History (Including physical and mental health): _____

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