



FIRST LUTHERAN CHURCH

Sharing Christ's Love

Growing in Faith Together
Family Registration Form

Family Name: _____

Address: _____

Phone(s): _____

Email(s): _____

Adult Small Groups: *Please write the first name of each adult in the family on the appropriate lines*

_____ Please place me in a Saturday small group

_____ Please place me in a Sunday small group

_____ I can lead an adult small group (6-8 week session)

_____ I can teach/assist a children/youth class (6-8 week session)

_____ I can help with Nursery Care during the GIFT hour

Children and Youth: *Please write the first name and birthdate of each child in the family on the appropriate lines*

Name:

Birthdate:

_____ Nursery Care (under age 3)

_____ Preschool (ages 3-5)

_____ Kindergarten/1st/2nd grades

_____ 3rd/4th/5th grades

_____ 6th through 12th grades

Important medical information, including allergies: _____

Over please

Communications Release:

_____ (initial) I give my permission for my photographed image (or the photographed image of my minor child named here _____), to be displayed on www.firstgeneseo.org. I understand this site is designed for both member information and community publicity purposes.

_____ (initial) I give my permission for my full name to be displayed on the First Lutheran Church website in relation to a church ministry and/or activity. I understand this site is designed for both member information and community publicity purposes.

Signature (or signature of parent/guardian)

Date