

Our Saviour's Lutheran Church
2010-2011 Program Registration Form

Our Saviour's Lutheran Church – 19001 Jackson St. NE, East Bethel, MN 55011
Phone: 763-434-6117 / Fax: 763-434-0394 / Website: www.oursaviourslc.org / Email: oslc@oursaviourslc.org

ONE STUDENT PER FORM PLEASE

Student Name: _____ Gender: ____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Student's Email: _____

School District: _____ Grade: _____

Birthday: _____ Age: ____ Baptism Date: _____ First Communion Date: _____

Baptism Sponsors Names: _____

OSLC Member (Circle One): Yes No No-Please Send Me Information.

Home Church, if any: _____

Program Dates and Fees (Completed registration form is appreciated by 9/1/10):

Sunday School

Start Date: Sunday, Sept. 19, 2010

Fee: \$35.00

JAM (Jesus and Me)

Start Date: Wednesday, Sept. 22, 2010

Fee: \$35.00

Confirmation

Start Date: Wednesday, Sept. 22, 2010

Fee: \$55.00 (grades 5-7)

\$85.00 (grade 8); includes retreat, sash, robe rental and Confirmation picture

Program Registering In (please check):

- Sunday School, Sundays from 9:15-10:15 a.m.
- Sunday School, Sundays from 10:45-11:45 a.m.
- JAM (Jesus and Me), Wednesdays from 5:00-6:00 p.m.
- JAM (Jesus and Me), Wednesdays from 7:15-8:15 p.m.
- Confirmation, Wednesdays from 5:00-6:00 p.m.
- Confirmation, Wednesdays from 7:15-8:15 p.m.

I (parent) would like to know how I could help with my child's program-please contact me regarding volunteer positions.

Other Side

Parental Information

Parent/Guardian Name: _____

Address if different from child: _____

Work Phone: _____ Cell Phone: _____

Parent Email: _____

Parent/Guardian Name: _____

Address if different from child: _____

Work Phone: _____ Cell Phone: _____

Parent Email: _____

Bus Release: My child has permission to ride the OSLC bus, travel with an adult leader and/or parent, and participate in offsite activities for church related events.

Parent/Guardian Signature: _____ Date: _____

Medical Information

Emergency Contact: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Phone: _____

Hospital and address: _____

Does your child have any medical conditions that may require special attention? Yes or No (circle one)

Special Concerns/Needs: _____

Please list medications: _____

I give permission for Our Saviour's Lutheran Church staff/volunteers to dispense the following medication to my child at the time and dosage indicated: _____

I/We do consent to any x-ray, anesthetic, medical, surgical, dental diagnosis, or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am financially responsible for the health care decision for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian Signature: _____ Date: _____

Paying with a credit card? Do you want a receipt? Yes / No (Circle one)

Office use only:

Paid Ck# _____ \$ _____ Received by Initials _____ Date Received: _____

Pay by credit card: Yes / No Online/Our Saviour's Web site At the Church

Scholarship Amount Requested \$ _____ Scholarship Amount Approved \$ _____ Initials _____

Route to: Kay Barb Program Staff