

**St. John's Lutheran Church**  
**Christian Education Registration**  
**3 years old – 6<sup>th</sup> grade**  
**September 2016 – May 2017**

**Sunday School:** Sundays from 9:10 – 10:10 a.m.  
**Oasis Education:** Wednesdays from 4:45 -5:45 p.m.

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!**

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (h) \_\_\_\_\_

Phone (h) \_\_\_\_\_

(c) \_\_\_\_\_

(c) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Circle one:    Member            Non-Member

Circle one:    Member            Non-Member

Preferred Method of Weekly Communications (circle one):

Mail

Email

Facebook

If separated or divorced do both parents have legal custody? Circle one:    Yes    No

Child's Name: Last: _____ First _____ Circle one: Male Female
Choose which time you will attend:    _____ Sunday, 9:10- 10:10 AM    _____ Wednesday, 4:45 – 5:45 PM
Birthdate _____ Grade in Fall 2016 _____ School attending _____
Special needs: _____

Child's Name: Last: _____ First _____ Circle one: Male Female
Choose which time you will attend:    _____ Sunday, 9:10- 10:10 AM    _____ Wednesday, 4:45 – 5:45 PM
Birthdate _____ Grade in Fall 2016 _____ School attending _____
Special needs: _____

Return to: St. John's Lutheran Church – 301 8<sup>th</sup> Ave NW Kasson, MN 55944  
Questions? Contact Amanda – amanda@stjohnskasson.org or 507-634-7110 ext. 14

Child's Name: Last: \_\_\_\_\_ First \_\_\_\_\_ Circle one: Male Female

Choose which time you will attend: \_\_\_\_\_ Sunday, 9:10- 10:10 AM \_\_\_\_\_ Wednesday, 4:45 – 5:45 PM

Birthdate \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_ School attending \_\_\_\_\_

Special needs: \_\_\_\_\_

Child's Name: Last: \_\_\_\_\_ First \_\_\_\_\_ Circle one: Male Female

Choose which time you will attend: \_\_\_\_\_ Sunday, 9:10- 10:10 AM \_\_\_\_\_ Wednesday, 4:45 – 5:45 PM

Birthdate \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_ School attending \_\_\_\_\_

Special needs: \_\_\_\_\_

**WAIVER OF PHOTO AND VIDEO**

I give permission to St. John's Lutheran Church to take pictures and/or video of my child during St. John's sponsored activities. These pictures or video may be used for promotional purposes or by classroom teachers. Promotional purposes may include posting on St. John's website. Please note: children will not be identified by name.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL RELEASE**

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give a representative of St. John's Lutheran Church of Kasson, MN, permission to act on my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so using those measures deemed necessary to support the life of my child. I absolve the representative from St. John's Lutheran Church of Kasson, MN, from all liability in acting on my behalf in this regard.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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