

Office Use Only

Pmt Recvd \_\_\_\_\_

Scholarship \_\_\_\_\_

Amount Due \_\_\_\_\_

**St. John's Lutheran Church**  
**Club 56 Registration**  
**5<sup>th</sup> & 6<sup>th</sup> grades**  
**September 2017 – May 2018**

**Club 56 Afterschool:** Wednesdays from 3:00 - 4:45 p.m.  
& Oasis Education from 4:45 – 5:45 p.m.  
**Cost: \$50** for the whole year (September – May)

**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

Birthdate \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_ School attending \_\_\_\_\_

Things we should know: \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_ School attending \_\_\_\_\_

Things we should know: \_\_\_\_\_

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  
Birthdate \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_ School attending \_\_\_\_\_  
Special needs: \_\_\_\_\_

Child's Name: Last: \_\_\_\_\_ First \_\_\_\_\_ Circle one: Male Female  
Birthdate \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_ 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 Lutheran Church 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 and social media. Please note: children will not be identified by name.

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

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

**MEDICAL INFORMATION**

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: \_\_\_\_\_

**TRANSPORTATION RELEASE – Oasis Afterschool**

I hereby give a representative of St. John's Lutheran Church of Kasson, MN, permission to transport my child from Kasson-Mantorville Elementary or Middle Schools to St. John's Lutheran Church in Kasson, MN on Wednesdays which Oasis Afterschool is in session. If my child will not be attending Oasis Afterschool, it is my responsibility to inform St. John's Lutheran Church prior to noon on that given Wednesday.

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

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

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