

Club 56

5th & 6th grades

September 2017 – May 2018

Sundays from 9:10 – 10:10 a.m.
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 8th 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: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

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