

Elk River Lutheran Church ELCA
Sr. High Youth Group 2017-2018
Registration Form

HOUSEHOLD INFORMATION

Parent(s) Name: _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

Emergency information/contact:

Name: _____ Telephone: _____

Relationship to child: _____

People authorized to pick up this child (other than parents):

Name: _____ Telephone: _____

If you are not a member of ERLC, would you like to be contacted? _____

I do not grant permission for my child to be photographed or to participate in off-site activities.

signature

CHILD(REN) INFORMATION

(If necessary, add more children on the back of this sheet)

1. Child's First & Last Name _____

DOB: _____ Male or Female _____ Grade _____

List anything that might help us get to know your child better (allergies, special needs, etc.)

2. Child's First & Last Name _____

DOB: _____ Male or Female _____ Grade _____

List anything that might help us get to know your child better (allergies, special needs, etc.)

3. Child's First & Last Name _____

DOB: _____ Male or Female _____ Grade _____

List anything that might help us get to know your child better (allergies, special needs, etc.)

Please contact Martha Herbert, Director of Children, Youth, and Family Ministries, at 763.595.1216 or childrenyouthfamily@gmail.com if you have questions.