

Shepherd of the Hills Lutheran
Church

Children's and Youth Ministry
2016-2017

Registration Packet
2-year-olds - 8th Grade

Please fill out the forms that pertain to your family and return the **ENTIRE PACKET** to the church office by September 4th, 2016.

Last Name (s) _____

Please read this registration packet carefully.

ALL FAMILIES must fill out the following three forms:

This Cover Page

The Parent Consent Form

The Family Information Form

Please indicate with an "x" whether or not members of your family will be participating in the following ministries in 2016-2017 and then fill out the participation form in this packet accordingly.

Check If Yes (blank if no)

PreschoolConnections (2- 5 years old) _____

WAM (5-year-olds-5th grade) _____

Confirmation (6th-8th Grade) _____

Faithful Parenting Class _____

Please return this packet to the church office by September 4th, 2016.

Thank you!

Do you have questions? Please contact:

Pastor Joanna Mitchell

952-935-3457

joanna.mitchell@sothchurch.com

2016-2017 Family Information

Last Name: _____

First name: _____
Middle name: _____
Prefers to be called: _____
Birth Date: _____
Baptism Date: _____
Grade in '16-17: _____

First name: _____
Middle name: _____
Prefers to be called: _____
Birth Date: _____
Baptism Date: _____
Grade in '16-17: _____

First name: _____
Middle name: _____
Prefers to be called: _____
Birth Date: _____
Baptism Date: _____
Grade in '16-17: _____

First name: _____
Middle name: _____
Prefers to be called: _____
Birth Date: _____
Baptism Date: _____
Grade in '16-17: _____

Parents' Information

Parent's Name _____
Address _____
Phone _____ Cell _____ Work _____
*Email (Please print clearly) _____

Parent's Name _____
Address _____
Phone _____ Cell _____ Work _____
*Email (Please print clearly) _____

I, _____, am the parent or legal guardian of the child(ren) listed below, and I am informed of the activities offered by Shepherd of the Hills Lutheran Church located on 500 Blake Road South in Edina, MN, beginning on September 1st, 2016 and ending on August 31st, 2017.

As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all on site activities provided by Shepherd of the Hills.

Signature of Parent or Guardian: _____

Photography Information: I am aware that photographs of my child(ren) may be taken and used on the SOTH website or Facebook Page. Please contact Pastor Joanna Mitchell if you do NOT want photos taken of your child. I have read the photography information, signature of parent/guardian: _____

Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, _____ am the parent or legal guardian of the below named child(ren). I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child(ren), I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person is required by law.

(Signature of Parent or Guardian) (Date)

Child's Name	Birth date	Allergies/Mediations	Activity Exclusion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Preferred Hospital _____

Health Insurance Company and pertinent subscriber number _____

Name _____ Phone _____

Email _____

Providing your email address will help us to communicate more effectively with you about upcoming events, time changes, and any other pertinent information.

Sunday Mornings

_____ I would be willing to assist with the kids' time during worship (approximately 1x per month). I would like to help at:

_____ 9am Worship (Contemporary)

_____ 10:30am Worship (Traditional)

_____ I would be willing to help in the nursery approximately 1x per month. I would like to help at:

_____ 9am Worship (Contemporary)

_____ 10:30am Worship (Traditional)

My child is interested in being a lector _____ an acolyte _____ leading prayer _____ ushering _____

Wednesday Evenings

Children's Ministry:

_____ I would be willing to co-direct the Children's Christmas Program with Pastor Joanna.

_____ I would be willing to help with the once a month Wednesday evening meal.

Youth Ministry:

_____ I would be willing to help coordinate the confirmation banquet.

_____ I would be willing to help with the High School Youth Group on Wednesday evenings.

All:

_____ I would like to help organize and plan servant events.

_____ I would like to help organize and plan special parties.

* If more than one person from your family is volunteering, please indicate the name of the person who is volunteering next to each volunteer position that is checked.