

2011-2012 Registration Children, Youth & Family Education

Resurrection Lutheran Church: 763-295-5511 or www.resurrection-mn.com
Children and Family Ministry Director: Dan Schlueter dschlueter@resurrection-mn.com or 763-271-4340

One Form Per Child

Education Fees: \$35.00/Child
\$15.00/Child ONLY if Registration is for Quest Only

Child's Full Name (Print): _____

Birth Date: _____ **Grade starting in Sept. 2011** _____ **Age on Sept. 1, 2011** _____ **M/F** _____

Check all that apply:

- Sunday Morning Pathfinders Pre-K___ K___ 1st___ 2nd___ 3rd___ 4th___
- Sunday Morning Grapple 5th___ 6th___
- Wednesday Night Bible Quest K___ 1st___ 2nd___ 3rd___ 4th___ 5th___
- Wednesday Night Cross Training 6th___ 7th___ 8th___ 9th___

Additional Information:

- Allergies: (Food, Pets and/or Medication): _____
- Medical concerns: (Asthma, seizures, etc.) _____
- Other concerns (learning disabilities, ADHD, ADD, discipline concerns, etc.): _____

Activities involved in:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Destination Imagination |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Drama | <input type="checkbox"/> Lego League |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Choir | <input type="checkbox"/> Boy Scouts |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Band/Orchestra | <input type="checkbox"/> Girl Scouts |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Speech | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Dance | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Gymnastics | |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Hockey | |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cross Country/Track | |

As a parent, I understand that my child's faith nurture and education will come primarily from us as parents and the church. Resurrection Lutheran Church's responsibility will be to support and guide us in our responsibility. As a result, I am also committed to do my best to ensure attendance at worship and education classes. This is to fulfill my promise to provide for their instruction in the Christian faith that we, as parents, made at our child's baptism. As partners in your child's Christian Education, you will be asked to volunteer as an adult in our Youth, Children and Family Ministries. Your service with our children is important and very much needed and appreciated.

Parent Signature: _____ **Date:** _____

FAMILY PROFILE

One Form Per Family

Child/Children live primarily with: Both Parents Father Mother Other

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

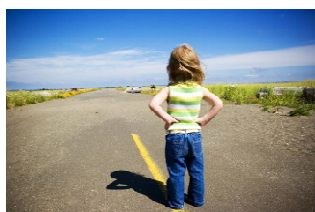
Home Phone: _____

Primary E-mail: (*important*)

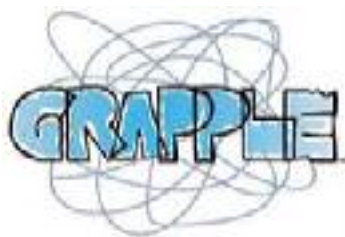
Child's Address: _____ City: _____ Zip: _____

Number of Children Registering: _____

Number of Children Paying for: _____



Pathfinders



Quest

_ Initials _____
_____)