



Pella Lutheran Church – Youth Ministry Program

Registration Form for **NEW** Students

Parent/Guardian: Please complete and sign this registration form, allowing your child to participate in our Youth Ministry Programs.

Student Information:

Please select the program this student will be attending:

- WBS – Wednesday Bible School (For students age 4 by Sept. 10 – 5th grade)
- Confirmation (For students in 6th – 8th grade)
- LYO – Lutheran Youth Organization (For students in 9th – 12th grade)

Student's name: _____
Last First Mid. Initial

Gender: Female Male

Student's age: _____ Student's grade: _____ Student's birthdate: ____/____/____
mm dd year

Please fill out the **student's** primary contact information below:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

When information is communicated via email or text message, it will be sent to both the student and the parent/guardian.

Does the student have any allergies? No Yes – Please explain:

Does the student have any special needs? No Yes – Please explain:

Student's siblings:

_____ Name	_____ Grade	_____ Name	_____ Grade
_____ Name	_____ Grade	_____ Name	_____ Grade

Parent/Guardian's Information:

Parent/Guardian's name: _____
Last First Mid. Initial

Relationship to student: _____

Are you a member of Pella Lutheran Church?

- Yes
- No, I am a member of another church. Please name: _____
- No, but I am interested in membership. Please contact me.

Are you interested in helping with the Youth Ministry Programs? Yes No

Please fill out the parent/guardian's primary contact information below:

Personal Email: _____

Work Email: _____

Work Phone: _____ Cell Phone: _____

When information is communicated via email or text message, it will be sent to both the student and the parent/guardian.

Emergency Contact Information:

Emergency Contact 1

Name: _____
Last First Mid. Initial

Relationship to student: _____

Phone number to call first: _____ Cell Home Work

Phone number to call second: _____ Cell Home Work

Emergency Contact 2

Name: _____
Last First Mid. Initial

Relationship to student: _____

Phone number to call first: _____ Cell Home Work

Phone number to call second: _____ Cell Home Work

Parent/Guardian Consent:

The student listed on this form has my permission, as his/her parent/guardian, to participate in the Youth Ministry Program provided by Pella Lutheran Church.

I understand that Pella will take all precautions and provide to the best of its ability a safe and worthwhile environment for my child. I do not hold Pella or its volunteers liable for any injuries or incidents that might happen while my child is in their care. I understand that each child is treated equally and fair. I understand that Pella cannot give my child any medication without written consent from a parent/guardian. I will contact the Church office with any questions or concerns.

By checking below, I do/do not grant permission to Pella to use pictures or videos of my child obtained during Youth Ministry Program activities for its online and printed publications.

- Yes, you have my permission.
- No, you do NOT have my permission.

Parent/Guardian Signature Please print name Date