FAITH KIDS

Growing Faithful Kids for Christ

WEDNESDAYS!

Beginning Wednesday, September 19

for

3rd - 5th graders

Cost - $10/ child for the year

TRINITY LUTHERAN CHURCH
13025 Newell Ave - PO Box 768
Lindstrom, MN 55045
651-257-5129
www.trinitylindstrom.org

4:15 - 5:45- Snacks, Games, Bible Activities
5:45- Supper with your family (free-will offering)
6:30- Worship with your family

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Trinity Lutheran Church, Lindstrom
Faith Kids- Wednesday Registration Form

Parent/Guardian Name _____

Address _____ **City**_____

Phone(s): _____ _____

Household e-mail address: _____

Circle One: *Member of Trinity* *Non-Member*

CHILD(REN)'S INFORMATION:

First	*Middle*	*Last*	*Grade*	*Birthdate*	*Baptized?*

First	*Middle*	*Last*	*Grade*	*Birthdate*	*Baptized?*

Please list name of child and any allergies or medical/dietary needs:

_____

CONSENT FORM:

*I hereby give my consent to have my minor child/ren participate in the **2018-19** Wednesday Faith Kids program at Trinity Lutheran Church.*

I recognize that engaging in the activities at Trinity Lutheran Church may expose my child/ren to the possibility of physical injury. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child/ren's participation in programs and related activities.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran to administer necessary first aid or seek emergency medical attention for my child.

I give my permission for my child/ren to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child/ren's names will NOT be published or linked with photographs.

_____ _____

Signature of Parent/Guardian **Date**

Circle One: **Paid Cash** **Paid Check: Check Number** _____