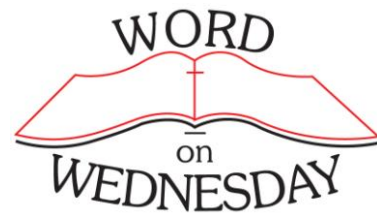




Messiah Lutheran Church

Sunday School and WOW! Registration



Sunday School

Father's Full Name: _____
 Address: _____
 City: _____
 Zip: _____

Mother's Full Name: _____
 Phone: _____
 Email: _____
 Emergency Phone: _____

We depend on our members to make our ministries work. Please let us know how you would like to serve Messiah's Children's Ministries.

Sunday School Volunteer	WOW! Volunteer
<input type="checkbox"/> Classroom (teach/assist)	<input type="checkbox"/> Classroom (teach or assist)
<input type="checkbox"/> Administration (office, supplies, mailings, etc.)	<input type="checkbox"/> Gym Leader
<input type="checkbox"/> Support Team (welcome desk, missions, etc.)	<input type="checkbox"/> Registration Table
<input type="checkbox"/> Special Events/Projects	<input type="checkbox"/> Pizza (serving & clean up in gym)
<input type="checkbox"/> Music	<input type="checkbox"/> Music

Preschool Children Must Be Age 3 by September 1, 2010

First Child's Name _____ Last Name _____
 Date of Birth (month/day/year) _____ Date of Baptism _____
 Grade (as of September 2010) _____
 List any Known Allergies _____ Special Needs _____

Please indicate which Children's Ministry Education Opportunity(s) your child will be attending.
 WOW!/Confirmation, 6:00 p.m. on Wednesday Sunday School, 9:15 a.m. on Sunday

Second Child's Name _____ Last Name _____
 Date of Birth (month/day/year) _____ Date of Baptism _____
 Grade (as of September 2010) _____
 List any Known Allergies _____ Special Needs _____

Please indicate which Children's Ministry Education Opportunity(s) your child will be attending.
 WOW!/Confirmation, 6:00 p.m. on Wednesday Sunday School, 9:15 a.m. on Sunday

Third Child's Name _____ Last Name _____
 Date of Birth (month/day/year) _____ Date of Baptism _____
 Grade (as of September 2010) _____
 List any Known Allergies _____ Special Needs _____

Please indicate which Children's Ministry Education Opportunity(s) your child will be attending.
 WOW!/Confirmation, 6:00 p.m. on Wednesday Sunday School, 9:15 a.m. on Sunday

Form Continues on Back

Fourth Child's Name _____ Last Name _____
Date of Birth (month/day/year) _____ Date of Baptism _____
Grade (as of September 2010) _____
List any Known Allergies _____ Special Needs _____

Please indicate which Children's Ministry Education Opportunity(s) your child will be attending.
 WOW!/Confirmation, 6:00 p.m. on Wednesday Sunday School, 9:15 a.m. on Sunday

Photo/Video Release

I hereby grant Messiah Lutheran Church permission to use my likeness in a photo/video in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become property of Messiah Lutheran Church and will not be returned.

I hereby irrevocably authorize Messiah Lutheran Church to edit, alter, copy, exhibit, publish or distribute this photo/video for purposes of publicizing Messiah Lutheran Church's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right or royalties or other compensation arising or related to the use of the photo/video.

I hereby hold harmless and release and forever discharge Messiah Lutheran Church from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

This agreement shall not obligate Messiah Lutheran Church to use the photo/video or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the photos/video.

I hereby certify that I am the parent or guardian of _____

child or children named above, and do hereby give by consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Signature

Date

Please submit completed form to Messiah's church office.



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Lakeville, MN 55044
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