

Grace University Lutheran Church
2019-20 Registration Form — Children and Youth Ages 0-18

1st Parent Name: _____

Phone number(s): _____ E-Mail address: _____

2nd Parent Name: _____

Phone number(s): _____ E-Mail address: _____

1. Child's Name: _____

Birthdate: _____ Grade: _____ School District: _____

Allergies? _____

Concerns, thoughts or other information for teachers? _____

2. Child's Name: _____

Birthdate: _____ Grade: _____ School District: _____

Allergies? _____

Concerns, thoughts or other information for teachers? _____

3. Child's Name: _____

Birthdate: _____ Grade: _____ School District: _____

Allergies? _____

Concerns, thoughts or other information for teachers? _____

4. Child's Name: _____

Birthdate: _____ Grade: _____ School District: _____

Allergies? _____

Concerns, thoughts or other information for teachers? _____

Grace sponsors many other activities for children and families throughout the year. If you are interested in receiving information and/or assisting with any of the following activities, please check the appropriate box(es):

- Sunday School Substitute Teacher
- Youth Group Involvement
- Christmas Pageant & Talent Show (December)
- Other: _____

PLEASE CONTINUE
ON BACK SIDE



PHOTO RELEASE STATEMENT

Please choose the appropriate statement to either give or decline permission to use photographs or video of you and/or your family members on Grace University Lutheran Church's electronic communication platforms and printed publications.

I grant permission for Grace University Lutheran Church to publish photos of me and my family members in the church's various forms of publications. I give Grace University Lutheran Church the perpetual, royalty-free right to use my photo(s) in any manner including (but not limited to) the church website, Facebook page, newsletter, and other social media. I understand that both the various publications and websites have a large audience and my photos and those of my family members will be available to the general public. I further understand that Grace University Lutheran Church assumes no liability or responsibility whatsoever concerning any consequences of such use. I further state that I have the right to give this permission for the minors in my family, as I am the child(ren)'s parent or legal guardian. I understand that if I give notice to the publication's administrator that I object to any particular photo on the website or Facebook page, it will be removed as soon as possible. I also understand that first names will only be used in the event that the publication's administrator seeks special permission from me before posting.

_____ Yes, I grant my permission

_____ No, I DO NOT grant my permission

_____ I have previously submitted my preferences, which should be on file with the church.

Please list all family members (including yourself) for whom your response applies.

Your response to this form will remain private information for staff and web administrators of Grace University Lutheran Church. We will respect your preference and thank you for taking the time to respond!