



2011-2012 Children's Ministry Registration

First Lutheran Church
619 Broadway + Fargo, ND 58102
www.flcfargo.org + 701.235.7389

I would like my child to be involved in the following programs (one form per child)

Sunday School, 10:00 a.m.

Wednesday School, 6:00 p.m.

Children's choir for Grades 1-5 (Wednesday's at 5:30 p.m.)

Children's Info

Child's Name _____
Last First M.I.

Address: _____

City _____ State _____ Zip _____

Birthdate: _____ Baptism Date: _____ Gender: _____

Class

Age 3	2nd Grade
Age 4	3rd Grade
PreK/Kindergarten	4th Grade
1st Grade	5th Grade
Class section (office only) _____	

Household Information

Household Last Name: _____

Parent(s) name: _____

Home Phone: _____ Cell: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Secondary Household Parent's Name: _____

Home Phone: _____ Cell: _____ Email: _____

Address: _____

Address: _____ City _____ State _____ Zip _____

Special Needs

On the back of this form please note any information that would help us serve your children (include names)

- Briefly describe any special physical, emotional, behavioral or developmental needs:
 - Briefly describe any special circumstances, challenges, or considerations that we should know about to better minister to your child:
 - Briefly describe any food or environmental allergies your child may have:
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Parent Commitment

I understand that by enrolling my child in Sunday/Wednesday School, I agree to partner with FLC to provide a positive Christian learning environment by doing ALL the following:

- Making Sunday/Wednesday school a priority in my child's schedule
- Helping or substituting in my child's class as needed.
- Participating in at least one of the volunteer opportunities listed below.

Signature of adult enrolling child *REQUIRED*: _____

VOLUNTEER OPPORTUNITIES

During

Please indicate volunteer availability

Wednesday, 6:00 p.m.

Sunday, 10:00 a.m.

To Fit Your Schedule

Please indicate volunteer availability

Create and update bulletin boards

Copy and collate materials

Pray for leaders and kids

Help with costumes (Christmas, Mother's Day)

Classroom

Small group leader – Grade/Age requested _____

Do you want your own child's group? Y N

Do you want to co-lead with another person Y N

One-on-one with child with special needs

Photo release: I understand that photos and videos may be taken of an event/classroom that my child is in. I hereby give First Lutheran Church permission to use the photo/video in publications or websites.

Parent Signature for Photo Release: _____

Contact Information

Laurie Neill, Family Life Coach 701.235.4567 x167 <mailto:lnNeill@flcfargo.org>

Shelly Erickson, Student Life Coach 701.235.4567 x139 <mailto:serickson@flcfargo.org>