



Child's Name: Last _____ First: _____ DOB: ____/____/____

Grade in School for 2011-2012 Academic Year: _____ Baptism Date: ____/____/____

_____ 3 years old as of August 22, 2011 All Children must be able to use the toilet independently.

_____ 4 & 5 years old _____ First Grade _____ Third Grade _____ Fifth Grade

_____ Kindergarten _____ Second Grade _____ Fourth Grade

Mother: _____

Address: _____ Phone: _____

_____ Cell: _____

Father: _____

Address: _____ Phone: _____

_____ Cell: _____

Child's Known Allergies: _____

List any Physical/Medical Conditions that may influence your child's participation in Spot L.I.G.H.T. or appropriate medical care (such as routine medications, chronic conditions, etc.)

List any additional information we should know about your child: _____

During Spot L.I.G.H.T. I will typically be: _____ at Bible Study _____ at Worship _____ Other

If other, what is the best way to reach you? _____

PERMISSION

I give my permission for my child _____ to participate in all aspects of the Spot L.I.G.H.T. Children's Ministry program at Trinity Lutheran Church for the 2011-2012 year. I am aware that I am responsible for being available, or for having one of the designated emergency contact people listed available, at all times during the ministry's operation.

Check one response "do" or "do not":

I **do** _____ **do not** _____ consent to having photographs/videos of my child used for educational and/or publicity purposes only including a church web site, as deemed appropriate by Trinity Lutheran Church.

Parent/Guardian Signature: _____

Date: _____

EMERGENCY CONTACTS:

In the case of an emergency with my child, _____, I know that Trinity Lutheran Church will make every effort to contact me. However, if I cannot be reached, I hereby authorize Trinity Lutheran Church to contact the following people:

Name Phone Number Relationship to Child

Name Phone Number Relationship to Child

AUTHORIZED PICK-UP:

We ask that parents come to the classroom and your child’s leader to pick up your child. They will be dismissed from their ministry classroom each day of Spot L.I.G.H.T.. Please indicate below if there is anyone you specifically **DO NOT** want your child to be released to. Also, please indicate below any adults who may pick up your child if the parents listed on the front side of this sheet will not be picking up your child. If special arrangements need to be made for a particular Sunday, please let your child’s leader know that morning.

Please DO NOT release my child to:

Name Relationship to child

I hereby authorize the following people to pick up my child from a *Spot L.I.G.H.T.!* session:

Name Relationship to child Phone Number

Name Relationship to child Phone Number

Name Relationship to child Phone Number

Parent/Guardian Signature _____ Date _____

Our Vision... To provide an inviting, exciting, and loving place for kids to know and grow in Christ.



Our Mission... To share the **L**ove of Jesus with the children of our community, **I**nstruct them in God’s Word, encourage them to **G**ive of their spiritual gifts, **H**onor God through worship, and **T**ell others of God’s love.