

Registration for Youth Ministry at GSLC:

Only one registration per family! See the corresponding program packets for more information.

- **Little Angels** is for 2-4 year olds and parents to attend together. Dates are Oct-Nov. and Feb-May
- **Genesis Church School** is for 4 years old to 5th Grade. Dates are September-May.
Sessions available: Sundays 9:45-10:45am, Sundays 11:00am-12:00pm, Wednesdays 5:30-6:25pm
- **Confirmation** is for Grades 6-9.
6th Grade @ 5:30-6:25pm; 7th @ 7:20-8:05pm;
8th @ 8:10-8:55pm; 9th @ 7:20-8:30pm.
- **R.A.D (Redeemed Active Disciples)** is for Grades 9-12. Varying year round schedule.

Parent/Guardian Information *(Please write neatly):*

Parent/Guardian 1: _____ Relationship to children: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Church Service Primarily Attended: _____ In an emergency, please use _____ hospital.

Emergency Contact (Name & Phone): _____

Parent/Guardian 2: _____ Relationship to children: _____

Address *(If different)*: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Church Service Primarily Attended *(If different)*: _____

Initial each statement indicating your agreement:

_____ I will be active in my child(ren)'s faith development during their time in Good Shepherd Youth Ministry. This can include (not limited to): being a small group/classroom leader, engaging in lessons, and participating in other events. The time commitment varies depending on the program, but on average being a small group or classroom leader is 5 hours throughout the school year.

_____ I have read and understood the Good Shepherd Lutheran Church Discipline Policy.

_____ I have read the Good Shepherd Lutheran Church Sign-in/Sign out policy. My child cannot leave with: _____

_____ I affirm my commitment as a parent/small group leader to the safety of all children and guarantee I/we have never been convicted of a crime against children or anything else that would compromise a child's safety.

_____ As a parent, I would like to receive text updates and reminders. Cell phone provider: _____
(ie: Verizon, AT&T, etc. This helps format the texts so they are not rejected)

_____ I give my permission for Good Shepherd Lutheran Church to use photographs of my child(ren) for promotional purposes (including print, web, and social media) and waive any claims I may have against Good Shepherd Lutheran Church for all thereof.

I do not give permission for Good Shepherd Lutheran Church to use photographs of the child(ren) listed: _____

Student #1:

Name: _____ Grade in Fall (age if N/A): _____ Gender: _____

Check One (descriptions on previous page):

Little Angels Church School Confirmation RAD

For Church School, please indicate preference (1, 2, 3) of session: ___ Sunday 9:45am ___ Sunday 11am ___ Wednesday 5:30pm

Birthday: ___/___/___ School: _____ Student Email (if applicable): _____

Can receive text updates/reminders: **YES / NO** Student Cell Phone (if applicable): _____

This student has permission to leave with someone other than parent, listed here (include siblings, going to another classroom or 6th grade and older can sign themselves out): _____
___ Call me to discuss the following. ___ Allergies (severity) _____
___ Physical Limitations _____
___ Special Behavioral/Developmental Considerations _____
___ Anything else we should know to help your student succeed? _____

Student #2:

Name: _____ Grade in Fall (age if N/A): _____ Gender: _____

Circle One (descriptions on previous page):

Little Angels Church School Confirmation RAD

For Church School, please indicate preference (1, 2, 3) of session: ___ Sunday 9:45am ___ Sunday 11am ___ Wednesday 5:30pm

Birthday: ___/___/___ School: _____ Student Email (if applicable): _____

Can receive text updates/reminders: **YES / NO** Student Cell Phone (if applicable): _____

This student has permission to leave with someone other than parent, listed here (include siblings, going to another classroom or 6th grade and older can sign themselves out): _____
___ Call me to discuss the following. ___ Allergies (severity) _____
___ Physical Limitations _____
___ Special Behavioral/Developmental Considerations _____
___ Anything else we should know to help your student succeed? _____

Student #3:

Name: _____ Grade in Fall (age if N/A): _____ Gender: _____

Circle One (descriptions on previous page):

Little Angels Church School Confirmation RAD

For Church School, please indicate preference (1, 2, 3) of session: ___ Sunday 9:45am ___ Sunday 11am ___ Wednesday 5:30pm

Birthday: ___/___/___ School: _____ Student Email (if applicable): _____

Can receive text updates/reminders: **YES / NO** Student Cell Phone (if applicable): _____

This student has permission to leave with someone other than parent, listed here (include siblings, going to another classroom or 6th grade and older can sign themselves out): _____
___ Call me to discuss the following. ___ Allergies (severity) _____
___ Physical Limitations _____
___ Special Behavioral/Developmental Considerations _____
___ Anything else we should know to help your student succeed? _____