

**Cross of Glory Lutheran Church**  
14719 W 163<sup>RD</sup> St, Homer Glen, IL 60491 (708) 301-6998

**SEE, TELL, Confirmation, & Holy Communion**  
**REGISTRATION FORM Jan-Mar Session 2012**  
**(One Child per Form)**

PARTICIPANT'S NAME: \_\_\_\_\_  
SCHOOL GRADE: \_\_\_\_\_ SEE \_\_\_\_\_ TELL \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
MALE/FEMALE \_\_\_\_\_  
ALLERGIES/MEDICAL NEEDS: \_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE (MOM): \_\_\_\_\_ (Dad): \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

Payment type: cash \_\_\_\_\_ check \_\_\_\_\_ (#/date)  
\$25 a child \$50 family maximum

By mail: Cross of Glory Lutheran Church (708) 301-6998  
14719 W. 163<sup>rd</sup> Street  
Homer Glen, IL. 60491

I am interested in helping out by...  
\_\_\_\_\_ providing snacks one week/supplies  
\_\_\_\_\_ being a substitute teacher  
\_\_\_\_\_ setting up/breaking down  
\_\_\_\_\_ helping with SEE/TELL bulletin board

I release Cross of Glory staff and volunteers from the responsibility of any injury incurred to my child while participating in any church activity/program and any theft or damage of personally owned property. By signing below I give my permission for the director to secure proper treatment in an emergency and for the use of photographs of my child in church publicity.

X \_\_\_\_\_  
Mandatory signature of parent or legal guardian