

Participant's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Program Name: TELL \_\_\_\_\_ Conf. \_\_\_\_\_ Holy Communion \_\_\_\_\_

School Grade \_\_\_\_\_ M / F (Circle one)

## Program Registration Form

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Work # (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Email Address \_\_\_\_\_

Allergies? \_\_\_\_\_

Any Medications? \_\_\_\_\_

Need for any special accommodations? \_\_\_\_\_

FREE WILL DONATION TOWARDS THE CHILDREN'S MINISTRY

Donation Amount \_\_\_\_\_

By Mail: Cross of Glory Lutheran Church Phone: 708-301-6998

14719 W. 163<sup>rd</sup> Street

Homer Glen, IL 60491

Fax: 708-301-7126

I release Cross of Glory and Staff or 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.