

Youth/CrossWalk Confirmation Registration

(2017-2018)

St. James Lutheran Church

Today's Date:		

PLEASE FILL OUT ONE REGISTRATION FORM PER PERSON! 7th-8th Grade (Wed. Evenings 6:30-7:30pm and ONE Sunday a month 1-4pm) Tuition Cost: \$70.00* *Small Group leaders are discounted one Tuition fee. Please make checks out to St. James Lutheran Church Please send me scholarship information **Student Information** Student's Full Name (First, Middle & Last) ______ Grade: _____ Gender: M F Other Birthday _____ Age ____ School Attending _____ Cell Phone Student Email Extracurricular Activities (please list season of year & time commitment) Mother/Guardian Name Address City Zip Home Phone (___) Work Phone (___) Email Address Cell Phone (___) Father/Guardian Name Address City Zip Home Phone (___) Work Phone (___) Email Address Cell Phone () Alternative Contact in Case of Emergency: Kelationship Cell Phone (____) Relationship Home Phone () **Parent Support** Parents play a vital role in their child's spiritual development. Every parent is encouraged to participate on a regular basis with Youth/Cross Walk. Parents are highly encouraged to attend Cross Walk with their family. There are simultaneous groups for all

ages happening on Wednesday/Sundays. In addition there are opportunities to serve, such as: leading/co-leading small groups*, substituting, helping with meal prep/clean up, chaperoning retreats, providing transportation (as needed).

*Small Group leaders receive one free tuition per year.

Check all that apply: I will lead/co-lead a small group I will substitute for a small group I will provide items for Wednesday meals	I will chaperone eventsI will provide transportationI will set/up and clean up Wed meals
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Parent/Guardian Section: **Medical Information** I authorize my son/daughter to participate in all St. James's Youth/Confirmation activities (small group, large group, retreats, service projects, etc). I understand the risks of injury inherent to the activity in which my child is participating. I understand that in the event of an emergency staff and volunteers will take appropriate steps to ensure my child's safety. If necessary, 911 will be called and I will be notified of the emergency. I give permission for medical treatment to be obtained and administered to my child if necessary. I agree to reimburse the church, its pastors, staff, leaders or chaperones for any costs they incur while seeking medical treatment for my child. Insurance Company: Policy Number: Clinic Name: Phone Number: (___) Health Info: Allergies: Medications Currently Taking or uses Periodically: Medical Issues, emotional or learning issues or special needs of your child: Would you like to be contacted regarding your child's special needs? Would you like to be contacted regarding your child's special needs? Would you like to be contacted regarding your child's special needs? Is there anything you would like us to know to help make your child's education a safe and positive one? Consent & Authorizations I have read and agree with the expectations of St. James's Youth Ministry and will support the church in administering appropriate consequences if necessary. I Do/Do not (circle one) give permission for any pictures taken of my child to be used in St. James Lutheran Church Publications (website, newsletter and other church publications). Names will not be used without additional permission. Parent or Guardian Signature: Parent/Guardian Name: Date: **Student Section**

Covenant

I understand the core values of the Youth/Confirmation ministry. I agree to abide by and follow the expectations. I understand that behaviors that break the covenant may result in my being sent home at my parent's expense.

Student's Signature: _____ Date: _____

Parent Signature: _____ Date: ____

Mail this form and your tuition to:

St. James Lutheran Church 6700 46th Place North,