

Check all

that apply:

Youth/CrossWalk Confirmation Registration

(2018-2019)

St. James Lutheran Church

Today's	Date:				
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PLEASE FILL OUT ONE REGISTRATION FORM PER PERSON! 7th-8th Grade (Wed. Evenings 6:30-7:50pm 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** ______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 (___) Cell Phone () Email Address 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 Wednesdays/Sundays. In addition there are opportunities to serve, such as: leading/co-leading small groups*, substituting, helping with meal prep/clean up, chaperoning events, providing transportation (as needed). *Small Group leaders receive one free tuition per year. _____ I will lead/co-lead a small group _____ I will substitute for a small group

I will make a meal for Wednesday night

I will help with Wed meals

_____ I will chaperone events ____ I will provide transportation

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:			
Family Physician:	Clinic Name:			
Phone Number: ()	_			
Health Info:				
Allergies:				
Medications Currently Taking or uses Periodically:				
	needs of your child:			
Would you like to be contacted regarding your child's	special needs? 🗆 Yes 🗆 No			
Is there anything you would like us to know to help ma	ke your child's education be a safe and positive one?			
priate consequences if necessary. Do/Do not (circle one) give permission for any p	es's Youth Ministry and will support the church in administering approsictures taken of my child to be used in St. James Lutheran Church volications). Names will not be used without additional permission. Date:			
Student Section				
Covenant I understand the core values of the Youth/Confirmation that behaviors that break the covenant may result in my	ministry. I agree to abide by and follow the expectations. I understand y being sent home at my parent's expense.			
Student's Signature:	Date:			

Mail this form and your tuition to:

St. James Lutheran Church 6700 46th Place North, Crystal, MN 55428

St. James
Lutheran Church