

# Foundations Registration & Release Form 2010-2011

Cost for materials: \$20 (scholarships available) Please make checks payable to: Woodbury Lutheran Church

Student Name \_\_\_\_\_ Goes by \_\_\_\_\_ M F Birth date \_\_\_\_\_ Grade \_\_\_\_ Paid

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student cell # (if available) \_\_\_\_\_ Okay to text? Y N Student E-Mail \_\_\_\_\_

School currently attending \_\_\_\_\_ High school planning to attend \_\_\_\_\_

Church currently attending \_\_\_\_\_ Baptism Date \_\_\_\_\_

Custodial Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # (If Available): \_\_\_\_\_

Parent E-Mail \_\_\_\_\_ (Email notices will be sent out with important updates, events and encouragements.)

Any known health conditions \_\_\_\_\_ Date of most recent Tetanus shot \_\_\_\_\_

Health Plan Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_

Relationship to participant \_\_\_\_\_ SS# OR Policy # OR Insurance ID Number \_\_\_\_\_

Additional Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Special Needs:** Please list any special needs, including allergies, learning or physical challenges, and other information that we should know to best minister to your child and your family. \_\_\_\_\_

My child has an IEP filed in the school district he/she attends. If so please bring a copy for our files.

I, the undersigned, am the parent, the parent having legal custody, or the legal guardian of \_\_\_\_\_, a minor, and have given our consent for him or her to attend Foundations classes at Woodbury Lutheran Church for the year of 2010-2011. I agree to hold the church and /or its agents guiltless in the event of an accident or injury to my child (named above) while participating in the Foundations program. I also give permission for the church and/or its agents to order necessary medical care & treatment in the event of an emergency. In such an event I understand I will be contacted as soon as possible. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Promotional: Woodbury Lutheran Church may use comments, photos & videos of names student in promotional pieces.

**Student Covenant statement:** I commit to participate in class to my fullest capacity, to worship on a regular basis, attend Bible study/Sunday school, and serve others using the gifts God gave me. I will ask questions when I don't understand and take ownership for classwork along the way. **X** \_\_\_\_\_

**Parent Covenant statement:** I/we commit to support our son/daughter in this process by asking questions when we don't understand, attending family classes, attending worship on a regular basis, supporting him/her in Bible study/Sunday school attendance and serving others. I/we commit to keeping communication open with the Foundations staff, so that they can best support me/us. **X** \_\_\_\_\_

**I have completed the above requested information, have read and agree to the above statements /conditions.**

**X** \_\_\_\_\_  
Signature of Parent(s) or Guardian

\_\_\_\_\_  
Date

**Questions? Contact Stacy Winter at [winters@woodburylutheran.org](mailto:winters@woodburylutheran.org) x216  
or Joel Symmank at [symmankj@woodburylutheran.org](mailto:symmankj@woodburylutheran.org) x204**

**Completing & returning this form (Both sides) registers you for the '10-'11 class year. Please  
return this form to Stacy Winter's box in the church office**

