

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 x216
or Joel Symmank at 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

