

Kindermusik Registration

Child's Name _____

Kindermusik Session: _____

Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex _____

Grade in School _____

Mother's Name _____

Father's Name _____

Name any known allergies/medical conditions _____

Explain reaction and indicate medication If yes, used _____

Is there any type of activity restrictions? _____

please explain: _____

Any other information? _____

I verify that the above medical information on my child is complete and accurate. My child will not attend if not feeling well. I understand that I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency medical treatment is necessary.

I understand and certify that my child's participation in Gloria Dei Lutheran Church's Children's/Youth Programs is completely voluntary. I have familiarized myself with the activities in which my child/youth will be participating. I recognize that certain hazards and dangers are inherent to the children's/youth programs. I acknowledge that although Gloria Dei Lutheran Church and it's Children's/Youth Leaders have taken safety measures to minimize risk of injury to children/youth group participants, Gloria Dei Lutheran Church cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazard, accidents and/or injuries.

Signed _____ Date _____
(Parent or Legal Guardian)

I give permission for my child to be photographed to be used exclusively for Gloria Dei's promotions.

Signed _____ Date _____
(Parent or Legal Guardian)

Please mail registration and check to:

Gloria Dei Lutheran Church
8301 Aurora Ave.
Urbandale, IA 50322

Kindermusik Session:

Amount Enclosed:

Questions?

Contact DeAnn McCue
278-5544, ext. 207
or check out our Web site
www.gloriadeionline.com