

Grace Lutheran Church Youth Registration

STUDENT & PARENT INFO

Student Name _____ Date of Birth _____

Current Grade _____ Grade entering in the fall _____

Student Allergies _____

Parent Name _____ Phone _____ Email _____

Parent Name _____ Phone _____ Email _____

Emergency Contact Name (Other than parent) _____ Phone _____

* Please contact the church office if your contact info changes throughout the year. Thank You!

- * Have you been receiving email notifications about youth activities at Grace this past year? Please circle one: YES / NO
- * Grace Lutheran Church has permission to take photos of my child and use in publications Please circle one: YES / NO
- * Has your child been baptized? Please circle one: YES / NO If no, would you like more information? YES / NO

3 year old Pre-K - 6th Grade

I would like to register my child to attend **BLAST** in the fall YES / NO

I will help in my child's class YES / NO

I would like to register my child for **VBS June 16 - 19th, 2025:** YES / NO

****Student needs to be 4yrs prior to June 16th to attend**

7th - 12th

My student would like to help with **VBS June 16 - 19th, 2025:** YES / NO

Student phone # _____

I would like to register my child to attend **Confirmation** in the fall YES / NO



A \$20 donation is recommended to help with supplies for Youth Education. THANK YOU!