

OSLC YOUTH GROUP REGISTRATION FORM

FALL 2022

Student's name _____

Birthdate _____ Grade _____

Father's Name/ Address/Email/phone

Mother's Name/ Address/Email/phone (if different)

Emergency Contact Name/Phone Number

Special learning needs, allergies or medical problems _____

The best way to contact a parent is (circle one)

Phone

Text Message

Email

Student phone and/or email if you want to share

The best way to contact student is (circle one)

Phone

Text Message

Email

Parent

I give permission to Our Saviour's Lutheran Church to publish pictures of the above named child in the Newsletter, Bulletin, on the Church Facebook Pages or Website. Circle one and initial.

Yes to all _____ Only _____

None _____