

Our Savior's Lutheran Church Education Registration 2024-2025

MISSION: To equip and empower the youth and families of OSL to live out their baptismal callings through: Fellowship, Worship, and Discipleship.

Sunday School is for Children Pre-K through 6th Grade, Confirmation is 7th & 8th Grades

Sunday School: 10:15am – 11:00am

Confirmation meets Wednesday night from 6:00pm – 7:30pm

Parent/Guardian Information

Parent Name (1) <input type="checkbox"/> Emergency Contact	Cell Phone	Parent Name (2) <input type="checkbox"/> Emergency Contact	Cell Phone
Mailing Address	Email	Mailing Address <input type="checkbox"/> Same	Email
Additional Emergency Contact: (name, phone, relation to student)			

Student Information

Name	DOB	Grade in fall	Youth Phone Number	Suggested Sunday School donation 2024-2025: \$20/1 st child, \$10/ea. add'l. child, \$50/family max. Confirmation: Suggested donation \$50/confirmand			
			<input type="checkbox"/> Check if you give permission to OSL to text your child		Sunday School		Confirmation
			<input type="checkbox"/> Check if you give permission to OSL to text your child		Sunday School		Confirmation
			<input type="checkbox"/> Check if you give permission to OSL to text your child		Sunday School		Confirmation
			<input type="checkbox"/> Check if you give permission to OSL to text your child		Sunday School		Confirmation

Please indicate who will pick up each child registered in 5th grade or younger.

Please indicate any medical concerns or special needs for each child registered.

Release and Waiver

I (We) understand that, in the event medical treatment and/or transportation is required, every effort will be made to contact me. However if, I/we cannot be reached, I/we give permission to the staff or sponsor at OSL to secure services of a licensed physician and/or licensed paramedics to provide necessary care for my child/children’s wellbeing. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

I consent I do not consent

I (We) consent to my child/youth being photographed, interviewed, and/or videotaped by representatives of Our Savior’s Lutheran Church and/or media outlets (newspapers, TV stations, etc.). Our Savior’s Lutheran Church uses photos of children/youth in congregational publications to share information about Our Savior’s. Any images obtained may be reproduced by Our Savior’s and/or the public media for use in advertising, publicity, and/or educational activities. Our Savior’s publications include, but are not limited to, the website, Facebook, advertisements, the newsletter, annual reports, posters, banners, bulletin boards, and other public relations materials.

I hereby waive any claims I may have, and release Our Savior’s Lutheran Church and its employees from liability of claims arising out of such activities.

I consent I do not consent

I give permission for the staff of Our Savior’s Lutheran Church to transport my child to approved activities

I consent I do not consent

Parent/Guardian Signature:	Date:
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Parent Involvement: Our programming relies on the gifts of time and talent from parents and other members of the congregation. I would like to serve in the following ways:

Sunday School Teacher Sunday School Sub Confirmation Small Group Guide