



**Student Registration Form 2024-2025**

**STUDENT INFORMATION**

**Student #1**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Student's Age \_\_\_\_\_ Grade in School \_\_\_\_\_ School \_\_\_\_\_

ALLERGY CONCERNS. Please list any known allergies or conditions that would affect your child's participation:

\_\_\_\_\_  
\_\_\_\_\_

**Student #2**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Student's Age \_\_\_\_\_ Grade in School \_\_\_\_\_ School \_\_\_\_\_

ALLERGY CONCERNS. Please list any known allergies or conditions that would affect your child's participation:

\_\_\_\_\_  
\_\_\_\_\_

**Student #3**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Student's Age \_\_\_\_\_ Grade in School \_\_\_\_\_ School \_\_\_\_\_

ALLERGY CONCERNS. Please list any known allergies or conditions that would affect your child's participation:

\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_ Receive texts? Y/N \_\_\_\_\_

Email \_\_\_\_\_

**Second Emergency Contact:**

Name(s) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_ Receive texts? Y/N \_\_\_\_\_

Email \_\_\_\_\_

**PHOTO POLICY**

I give permission for VOICES OF GRACE EMMANUEL KIDS MUSIC MINISTRY to take and use photographs of my child(ren) for the promoting of the church and its programs. I understand that photographs taken by the church may be stored and used for promotional purposes from time to time. No photos will be sold or released to third parties. No child's name will be identified in any publication.

- Yes, I give my permission.
- No, I do not give permission.

Initials: \_\_\_\_\_

**REGISTRATION FEES**

- \$25 For one student
- \$50 For two students
- \$50 For three students
- \$75 For four students

Total fee due before September 20, 2023.

Initials: \_\_\_\_\_

**PAYMENT POLICY**

I understand that the registration form and payment must be received before the first session on September 11, 2023. The registration fee covers the Fall session beginning on September 20, 2023, and ending November 20, 2023.

Payment for this session paid in full by cash, debit card or check (payable to EMMANUEL LUTHERAN CHURCH).

Initials: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_