

First Lutheran Church
Christian Servants Inspired (CSI)

Student Information

Student's Name: _____
Last First Mid. Initial

Gender: Female Male

Student's age: _____ Student's grade: _____ Student's birthdate ____/____/____
mm dd year

Please fill out the student's primary contact information below:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Does the student have any allergies? No Yes – Please explain:

Does the student have any special needs? No Yes – Please explain:

Student's siblings:

Name Grade Name Grade

Name Grade Name Grade

Parent/Guardian's Information:

Name: _____
Last First Mid. Initial

Relationship to student: _____

Email: _____

Are you a member of the First Lutheran Church?

- Yes
- No, I am a member of another church. Please name: _____
- No, but I am interested in membership. Please contact me.

Are you interested in helping with CSI? Yes No

Emergency Contact Information:

Name: _____
Last First Mid. Initial

Phone number to call first: _____

Phone number to call second: _____

Parent/Guardian Consent:

The student listed on this form has my permission, as his/her parent/guardin, to participate in CSI provided by First Lutheran Church.

I understand that First Lutheran Church will take all precautions and provide to the best of its ability a safe and worthwhile environment for my child. I do not hold First Lutheran Church or its volunteers liable for any injuries or incidents that might happen while my child is in their care. I understand that each child is treated equally and fair. I understand that First Lutheran Church cannot give my child medication without written consent from a parent/guardian. I will contact the church office with any questions or concerns.

By checking below, I do/do not grant permission to First Lutheran church to use pictures or videos of my child obtained during CSI activities for its online and printed publications.

- Yes, you have my permission.
- No, you do NOT have my permission.

Parent/Guardian Signature

Please Print Name

Date