

**2022-2023 Registration and Permission – St. John’s Lutheran Church, Des Moines, Iowa  
Children’s Music and Education (age 3 through grade 5)**

This registration form covers all children’s music and educational programming at St. John’s. These forms are important for the safety and success of our ministries. Please return the completed paperwork to the church office. Thank you!

**\*\*Please use additional forms as needed. If information changes, please contact the church office.**

**CHILDREN AND YOUTH PARTICIPANT INFORMATION**

1. Full Name \_\_\_\_\_ Preferred name to be called by \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Child’s cell phone number \_\_\_\_\_  
Birthday \_\_\_\_\_ Child’s email \_\_\_\_\_  
Allergies and Food Restrictions \_\_\_\_\_  
Medications being taken and amount \_\_\_\_\_  
Additional medical problems and/or conditions we should be aware of \_\_\_\_\_  
\_\_\_\_\_
  
2. Full Name \_\_\_\_\_ Preferred name to be called by \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Child’s cell phone number \_\_\_\_\_  
Birthday \_\_\_\_\_ Child’s email \_\_\_\_\_  
Allergies and Food Restrictions \_\_\_\_\_  
Medications being taken and amount \_\_\_\_\_  
Additional medical problems and/or conditions we should be aware of \_\_\_\_\_  
\_\_\_\_\_
  
3. Full Name \_\_\_\_\_ Preferred name to be called by \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Child’s cell phone number \_\_\_\_\_  
Birthday \_\_\_\_\_ Child’s email \_\_\_\_\_  
Allergies and Food Restrictions \_\_\_\_\_  
Medications being taken and amount \_\_\_\_\_  
Additional medical problems and/or conditions we should be aware of \_\_\_\_\_  
\_\_\_\_\_

**GENERAL FAMILY INFORMATION**

Parent/s or Legal Guardian/s \_\_\_\_\_  
Address (City,State,Zip) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_  
All phone numbers (day,evening,cell,work,etc) \_\_\_\_\_

If you DO NOT want photographs or videos of any of the above-named participants used for publicity purposes, please email [mail@stjohnsdsm.org](mailto:mail@stjohnsdsm.org).

**PERMISSION AND RELEASE**

I give permission for my above-named child(ren) to join any approved outing or event sponsored by the Music, Youth and/or Education programs of St. John’s Lutheran Church, 600 Sixth Avenue, Des Moines, Iowa, 50309, phone 515-243-7691. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by an EMTA, registered nurse, physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor’s office or any hospital. I expect to be contacted as soon as possible.

I, \_\_\_\_\_ also agree to hold St. John’s Lutheran Church and any of its agents harmless in the case of any accident or injury of any nature resulting from participation in any approved programs or outings organized by the church.

Signature of Natural Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_