

**Risen Savior Lutheran Church
Children's Ministries Registration Form**

Name: _____

Age: _____

Street Address: _____

City: _____ Zip: _____

Home
Phone: _____

Parent(s)/Guardian: _____

School Grade: _____ Name of School: _____ Date of Birth: _____

Allergies (including food) or Other Medical Conditions: _____

Interests or Hobbies: _____

During activities, parent(s)/guardians may be reached at: _____

Baptism Birthday: _____ Parent/Guardian Signature: _____ Date: _____

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