



Christ the King Lutheran Church
3 Lutheran Drive
Nashua, NH 03063
ctk@ctknashua.org 603-882-6142

**FAITH FORMATION MINISTRY
REGISTRATION FOR 2009-2010, SUNDAY MORNINGS AT 9:15AM**

**Separate forms are required for each person registering so we will have enough books for everyone.*

Name Participant	Male/Female	Date of Birth	Home Telephone
Address			
Street	City	State	Zip Code
Participant's E-Mail:			

Parent/Guardian Name (if Participant under 18)	Parent/ Guardian Name
Home Telephone	Home Telephone
Work Telephone	Work Telephone
Cell Phone	Cell Phone
E-Mail	E-Mail

PLEASE CHECK APPROPRIATE PROGRAM:

- AGE 3 YOUR CHILD MUST BE 3 YEARS OLD AS OF SEPTEMBER 30, 2009
- PRE-K AND KINDERGARTEN
- GRADES 1 AND 2
- GRADES 3 AND 4
- GRADES 5 AND 6
- GRADES 7 AND 8
- GRADES 9 THRU 12
- ADULTS OF ALL AGES

PLEASE LET US KNOW IF YOU'D LIKE TO VOLUNTEER WITH THE AKALOO PROGRAM: This program has great guides and instructions. We need people to share their gifts of leading, storytelling, music, drama, crafts and much more. If you are excited to Akaloo please let us know the gifts you would like to share.

EMERGENCY INFORMATION

CHILD'S NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	
TELEPHONE #: _____	

IDENTIFYING INFORMATION OF PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:	
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
HOME PHONE #: _____	HOME PHONE #: _____

INDICATE WHERE PARENT/GUARDIAN CAN BE REACHED WHILE CHILD IS IN akaloo PROGRAM. INCLUDE NAME OF BUSINESS IF APPLICABLE, ADDRESS, AND PHONE NUMBER, PLUS ANY SPECIAL INSTRUCTIONS (IE: PAGER, CELL PHONE, ETC.):	
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
PHONE #: _____	PHONE #: _____
HOURS: _____	HOURS: _____
SPECIAL INSTRUCTIONS FOR REACHING PARENT/GUARDIAN: _____	

<u>EMERGENCY CONTACT PERSON(S)</u> You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program volunteers. (Examples: if your child were sick or injured and you were not accessible, if you experienced sudden illness or were injured between work and picking up your child.)	
NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
PHONE #: _____	PHONE #: _____

PICK-UP PERSON(S) I, _____	
Authorize the following individual(s) to pick up my child from the akaloo program on a non-emergency basis.	
Date: _____	
NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
PHONE #: _____	PHONE #: _____

MEDICAL INFORMATION

Any chronic conditions, allergies, or medications that could be important in case of sudden illness or injury:

CHILD'S USUAL PHYSICIAN: _____ TELEPHONE: _____

PHYSICIAN'S ADDRESS: _____

CHILD'S USUAL DENTIST: _____ TELEPHONE: _____

DENTIST'S ADDRESS: _____

HEALTH INSURANCE INFORMATION (I.E. PROVIDER, POLICY NUMBER, AND ADDRESS): _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

I hereby give permission for the volunteers of Christ the King Lutheran Church - akaloo Program to provide simple first aid treatment to my child, _____, when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by the akaloo volunteers as soon as possible regarding any emergency involving my child.

PARENT OR GUARDIAN SIGNATURE

DATE SIGNED