

The Lighthouse

2009-2010 Registration

Child's name

1. Please complete one form per child.

2. The Lighthouse registration fee is \$10 per child for the 2009-2010 school year to help cover the costs of special events, curriculum-related needs, T-shirts, snacks and other expenses.

___ I am including \$10 with this registration form. (Please make checks payable to Saint Andrew Presbyterian Church.)

___ The registration fee is a hardship for my family. Please grant my child a scholarship.

3. Kids get one free T-shirt during their Lighthouse years. If your child did not get a T-shirt last year, or if your child needs a replacement shirt (at a cost of \$8), please indicate the T-shirt size:

Youth medium (10-12)

Youth large (14-16)

Adult small

Adult medium

Adult large

Adult extra-large

4. Throughout the year, leaders will feature "kids of the week." Kids should complete the "Tell Us All About You Because You're a Cool Person" sheet so we can get to know them better.

5. Please tell us a little about your child to help us be effective leaders:
What are your child's interests/hobbies/skills?

What is your child looking forward to as a member of The Lighthouse?

Which church does your family attend?

___ Saint Andrew

___ Other/Please tell us which one: _____

___ None

The Lighthouse

Saint Andrew Presbyterian Church

Child's birthdate

Street Address

City

ZIP Code

Home phone

cell phone

Family e-mail

School

Grade

Has this child been baptized?

___ yes

___ no

Adult(s) child lives with:

Name

Work phone

Name

Work phone

Other children who live in the home:

Child's name	Age	Grade in School

The Lighthouse

Saint Andrew Presbyterian Church

I, the parent or guardian of _____, give my permission to the leaders of Saint Andrew Presbyterian Church to secure emergency medical treatment for my child from a licensed physician and/or hospital. I understand that every effort will be made to contact me (or those whom I designate as emergency contacts) in an emergency in order that they or I may make decisions regarding the nature and place of emergency treatment.

Doctor's Name

Doctor's phone

Insurance Company

Policy Number

Hospital preference: _____

Name of someone OTHER THAN PARENTS we can contact in an emergency (if parents can't be reached)

Name: _____ Phone: _____ (Home) (Work) (Cell)

Relationship to child

Is your child epileptic? NO YES

Is your child diabetic? NO YES

Is your child allergic to medications? NO YES (please list) _____

Does your child have other known allergies? NO YES (please list) _____

Is your child currently taking medications? NO YES (please list) _____

I hereby release Saint Andrew Presbyterian Church and authorized leaders from liability for any injury my child sustains.

Media Release: Throughout the year, Saint Andrew events may be publicized on TV, radio, newspaper, web sites or in other forms. I give permission for my child to be photographed, interviewed and/or quoted, and/or to appear on TV, radio, in print or on a web site. Yes No, please exclude my child

Parent/guardian signature _____

Today's date: _____

Kids At The Lighthouse:

"Tell Us All About You Because You're a Cool Person" Sheet

(To be filled out by Lighthouse kids so we can feature you during "This Is Your Life!")

1. What is your name? (The questions get a little harder after this!)

2. What is your favorite food?

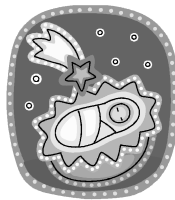


3. What is your favorite movie or TV show?

4. What do you like to do on Saturday?



5. Where were you born?



6. Tell us something about yourself
that we might not know just by looking at you.