

AES Ministries TLC and Confirmation Registration Form

NAME _____

DATE OF BIRTH _____ GRADE _____

PARENT/GUARDIAN(S) NAME _____

ADDRESS _____

HOME PHONE _____

DAD'S CELL _____ DAD'S WORK _____

MOM'S CELL _____ MOM'S WORK _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (include name, relationship to child, address, phone numbers)

WHO WILL BE PICKING UP YOUR CHILD FROM TLC/CONFIRMATION? FOR SAFETY, WE ASK THAT ALL CHILDREN LEAVE FROM THE FRONT DOOR.

(list all) _____

SPECIAL CONCERNS/FOOD ALLERGIES? _____

Participants, by involvement in programs or activities, give permission to us any photographs taken by Augustana and East Sveadahl Ministries for any and church promotions and publicity. We do not use the names of children on website or Facebook.

Parent Signature _____

Please return this form to the office at Augustana or mail to: AES Ministries, PO Box 151, St. James, MN 56081

Additional children may be registered on the back of the page

Child's Name

Date of Birth

Grade

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SPECIAL CONCERNS/FOOD ALLERGIES? _____

Is there an additional address information should be sent?
