



400 West Ninth Street

Hastings, MN 55033 651-437-9052

PreSchool - 4th Grade

9:00 am - 12:00 pm July 29 - August 1, 2019

Please return completed form to church office by July 17, 2019!

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AGES: To be eligible, participants must be **three by September 1, 2018** through completion of third grade. Preschoolers must be FULLY potty trained.

COST: \$35 per child with a family maximum cost (same household) of \$70.

Make checks payable to OSEL. (Scholarships available upon request.)

Credit Card-call office 651-437-9052 or osel.org Check Cash Fundraising Account

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•Participant Name: _____ Male Female

Age: _____ Birthdate: _____ Grade Completed: _____

Allergies/Special Needs(if none, write 'none') _____

If there are special dietary needs, please provide your own daily snack. T-shirt size _____

•Participant Name: _____ Male Female

Age: _____ Birthdate: _____ Grade Completed: _____

Allergies/Special Needs(if none, write 'none') _____

If there are special dietary needs, please provide your own daily snack. T-shirt size _____

•Participant Name: _____ Male Female

Age: _____ Birthdate: _____ Grade Completed: _____

Allergies/Special Needs(if none, write 'none') _____

If there are special dietary needs, please provide your own daily snack. T-shirt size _____

•Participant Name: _____ Male Female

Age: _____ Birthdate: _____ Grade Completed: _____

Allergies/Special Needs(if none, write 'none') _____

If there are special dietary needs, please provide your own daily snack. T-shirt size _____

Parents' Name(s): _____

Address: _____

Zip Code

Home Phone: _____ Work/Cell Phone: _____

E-mail address used by primary contact: _____

E-mail address used by secondary contact: _____

If there is anyone to whom OSEL should not release this student(s) to, please provide their name, relationship, description, or any other necessary information. _____

The permission slip on the back side of this registration form must be completed and signed.

PARENTS: WE NEED YOUR HELP to make Bible School a success.



Please check all areas where you can help.

- Greeter Teacher Helper
 Snack Leader Provide child care at church for other helpers
 Help wherever I am needed

If not available all days, please circle when available: Mon. Tues. Weds. Thurs.

Volunteer Name: _____

Phone or email: _____

There is a nursery available for children (under program age) of parent helpers. Please register those children here:

Name: _____ Age: _____

**Please direct any questions you have to Amy Hanson (651-437-9052 ext. 30)
or email her at cyf@osel.org**

Pre-Kindergarten - 4th Grade Permission Form

Media Release: I give permission for my child(ren)'s photograph (still or video), artwork, written work, voice, verbal statement, or portrait to appear in Our Saviour's printed and/or electronic publications (including, but not limited to, brochures, website, social networking site, videos) and in third-party media outlets (including, but not limited to, newspapers, magazines, websites) for the purpose of public relations, public information, church promotion, publicity, and instruction. Such publications may or may not personally identify your child.

- I give permission
 I give permission with reservation (please list) _____
 I do not give permission

Events Permission and Medical Release: I give permission for my child(ren) to take part in all Our Saviour's Evangelical Lutheran Church Children's Ministry events and activities. I give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in church activities. I hereby release Our Saviour's Evangelical Lutheran Church and its staff from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, I authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I expect to be notified as soon as possible. I agree to keep current contact information on file with Our Saviour's. I further agree to pay all charges for the medical, dental, or hospital care treatment.

- I give permission
 I do not give permission

Emergency Contact #1: _____ Phone: _____

Family Physician: _____ Phone: _____

Participant Behavior Agreement: I understand that Our Saviour's Evangelical Lutheran (OSEL) staff and leaders will expect appropriate behavior, and I agree that my youth will participate fully, behave appropriately, and act respectfully toward their leaders. I understand that if behavior is deemed to be disruptive or destructive, parents may be notified, and in extreme cases, youth may be asked to leave. I agree that, as a parent/guardian, it is my obligation to explain this behavior agreement in a manner which my child will understand.

Parent or Legal Guardian (print and sign name) _____ Date _____

This form shall remain in effect from the date signed above until September 1, 2019.

Thank you for completing both sides of this form.