

# Luther Kids (K-5<sup>th</sup>) Information Sheet

2021-2022

Advent Lutheran Church

7750 North Wickham Road Melbourne, FL 32940

**Please Complete & Return to Joy Gemmer, Director of Youth and Family Ministry**

## **Child's Information:**

Name: \_\_\_\_\_

Sibling(s) Name(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Have you been baptized? (Y/N) \_\_\_\_\_

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## **Special Interest or Hobbies:**

Do you play an instrument? \_\_\_\_\_ What do you play? \_\_\_\_\_

Do you play a sport? \_\_\_\_\_ If so, what sport? \_\_\_\_\_

Is there an activity or event you would like the children ministry to consider doing?

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## **Guardian's Information:**

- Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Address (If different than child's):  
\_\_\_\_\_

**Guardian's Information (Continued)**

• Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

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**In an event of an emergency, please provide contact information for someone (if we cannot reach you):** Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any allergies or health problems:

\_\_\_\_\_  
\_\_\_\_\_

Please feel free to share any other information that I would need to know about your child:

\_\_\_\_\_  
\_\_\_\_\_

**Permission/ Liability**

I give permission for my child, \_\_\_\_\_ to participate in the supervised activities sponsored by Advent Lutheran Church. I understand that there are inherent risks involved in any youth activity, and I hereby release Advent Evangelical Lutheran Church, its staff and volunteer workers/chaperones from any liability for any injury, loss, damage to person or property that may occur during the course of my child's involvement in said activities.

**Authorization/ Consent Section:**

I \_\_\_\_\_ authorize Advent Lutheran Church to use photographs, and videos of my child, \_\_\_\_\_ taken during Children's Ministry activities. This includes use on Advent Lutheran's website, Advent's Facebook page, and bulletin Boards around the church.

**If you agree with everything stated above, please print your name and sign and date:**

Parent's Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**As always, if you have any question at all, please feel free to contact Ms. Joy at**

[youthandfamily@adventlutheranbrevard.org](mailto:youthandfamily@adventlutheranbrevard.org)