

Zion Lutheran Church of Pierce invites you to . . .



Weaving faith into everyday life!

Student Registration Form (2024-2025)

For all children, Kindergarten through 6th grade, attending Faith Weaver Friends

First Name	Last Name	Birthday	Age	Current Grade	Allergies (Food and/or Medical)

Major Medical Concerns/Special Needs: _____

Other Information: _____

If applicable, help us to get to know your child better by listing what church you currently attend.

Has your child been baptized? _____

We are looking for food donations and extra help. Please let us know how we should contact

someone from your family to be able to serve in this way. _____

*To complete registration, please read, fill out, and sign the back of this form.

Thank you for registering your children! Please return this form to Zion Lutheran Church as soon as possible.

Parent Information, Guidelines, and Disclosure Agreements

Parent's/Guardian's Name: _____

Primary Address (Street, City, State, and Zip): _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Secondary Contact's Name: _____

Relationship to Student: _____ Phone: _____

Is this person authorized to pick up this child(ren)?: _____

By signing below, you agree that you have read these Primary Guidelines:

1. We ask that children not arrive before 5:15PM. Children should enter, and exit, through Narthex doors.
2. Children are asked not to bring food, drinks, candy, or gum. If your child(ren) need(s) a special diet for health reasons, please indicate this as part of the other information section above. We will work to accommodate.
3. Children will be expected to stay with their group and participate in activities. The schedule will be featured on our website for your information.
4. Most activities include lots of movement, but children will be expected to sit during Openings and Bible Lessons.
5. If a child's behavior is unkind or disruptive, they may be removed from their group for a short, supervised, period of time. If the behavior continues, we may call you on the phone for additional support or suggestions.
6. Please come into the building, if at all possible, to pick up children at 6:45PM. We ask this for the safety of your children. It helps us know they are going home and not just in the parking lot. Thank you!

Every activity sponsored by Zion Lutheran Church is adequately supervised, however, unforeseen events can occur. By signing below, I agree to assume all risks associated with attending this program as to not hold Zion Lutheran Church, employees, and volunteers liable for damages, losses, and injuries to the person(s), and any personal property, registered.

By signing below, I agree that this program may photograph and/or film the designated minor(s) for any purposes that are lawful, appropriate, and related to Zion Lutheran Church and this ministry program. I understand that this media may be used for the purposes of promotion relating to Zion Lutheran Church and this program.

By signing below, I authorize Zion Lutheran Church and program staff to treat the above designated minor(s) using basic first aid, if needed. In the event of a major illness and/or injury, I authorize the use of professional medical personnel in the interest of providing emergency medical aid to the designated minor(s). I recognize that I will be responsible for all associated costs relating to any medical care.

Signature: _____

Date: _____

****Registration must be completed for all students attending Faith Weavers.**