



# Registration Form

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

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

Super Powers: (Check all that apply)

<input type="checkbox"/>	X-Ray Vision	<input type="checkbox"/>	Super Speed	<input type="checkbox"/>	Teleportation
<input type="checkbox"/>	Mega Intelligence	<input type="checkbox"/>	X-treme Cuteness	<input type="checkbox"/>	Super Human Agility
<input type="checkbox"/>	Super Strength	<input type="checkbox"/>	Invisibility	Other:	_____

Name of Parents: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home email address: \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_



Emergency contact: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I give permission for my child's picture to be used for social media publicity for Bethel Lutheran.  
I understand that the church will not display the child's picture along with his/her name.

Signature:

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