



THE
LUTHERAN CHURCH
Missouri Synod

Immanuel Lutheran Church

703 26th Avenue

Canton, Ks 67428

(620) 628-4801

Lightkeepers Registration Form
(One per Child)

Child's name: _____

Child's age: _____ Date of birth: _____ Grade in School: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____

Parent/caregiver's cell phone: (____) _____

Email address: _____

Church Affiliation: _____

Family interested in a visit/phone call from Pastor Horne ___ Yes ___ No



EMERGENCY CONTACT INFORMATION

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Telephone: _____

Relationship to child: _____

Medical Release: I give my permission for the staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the Midweek staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I give permission to use the above named child's name/photo in publications, ads, articles, videos, web sites or other electronic media pertaining to Immanuel Lutheran Church Midweek program ___ Yes ___ No.

Signature: _____ Date: _____

Parent or Guardian

