Joy! Lutheran Church
Kids Adventure Klub 2009-2010 Registration Form

For Children Ages 3 years old (by Sept. 1, 2009) through 5th Grade
****One Child per Registration Form****

Child's Last Name:	Child's First Name:
Parent's Last Name:	Parent's First Name:
Parent's E-mail:	Address:
City: St.	Zip Code:
Phone:	Emergency Phone:
Child's Birth Date: Age:	Grade (Fall '09):
Gender:	School Name:
Medical Conditions/Allergies/Special Needs:	

KAK Session Child will attend: (Circle only one)

9:00 Sunday **10:30 Sunday**

All sessions begin in classrooms
**Materials fee per year: $35.00 per student

I am interested in receiving the Kids Adventure Klub Newsletter via E-mail:

Yes ☐ No ☐

Please provide E-mail address; _____

Photo Release/Waiver

As a participant in this program, I recognize that the Children's Ministry staff photographs and/or videotapes activities to be used in publicizing VBS within the congregation. In registering for this program I agree to the above.

Parent/Guardian Signature _____ **Date** _____

For more information contact:
Cheryl O'Neill (847-362-4569) Cheryl.oneill@joylutheran.org

Office Use only:

Materials fee: Date: _____ Amount: _____ Cash _____ Check #_____