



**Grace Lutheran On Wednesdays (GLOW) Worship  
Registration Form (one per family)**

Name: \_\_\_\_\_ D.O.B./Grade: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B./Grade: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B./Grade: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Would you like to volunteer to help with G.L.O.W. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please mark the areas in which you would like to volunteer. . .

\_\_\_\_\_ Helper (6<sup>th</sup> gr. & older) \_\_\_\_\_ Music \_\_\_\_\_ Crafts

\_\_\_\_\_ Snack Coordinator (s) \_\_\_\_\_ Bible Story \_\_\_\_\_ Substitute

\_\_\_\_\_ Christmas Program \_\_\_\_\_ VBS \_\_\_\_\_ Education Committee

By law we (GLC) are required to have a background check completed on all adults working with the youth activities associated with our church.

\*Team teaching options are available for those who may not be able to commit to volunteering for the whole year. **\*Please continue on the reverse side.**

☺  
In case of emergency, contact: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Doctor to be notified: \_\_\_\_\_ Phone: \_\_\_\_\_

*If emergency treatment is required and the parents cannot be reached, may GLC use their best judgment in calling the doctor indicated above, or if not available, an alternate doctor, and transport, if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_*

*If no, what do parents want done? \_\_\_\_\_*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

- \_\_\_\_\_ **YES**, I give my permission for Grace Lutheran Church to post images, videos or work done by my child on the Grace Lutheran website or publications.
- \_\_\_\_\_ **NO**, I choose not to have Grace Lutheran Church post images, videos or work done by my child on the Grace Lutheran Church website or publications.