



Registration Form

2009-2010

Please fill out one registration form per child.

Faithland is the ministry of Light of Christ Lutheran Church where children grow in their knowledge and experience of faith in Christ. We welcome you to invest in your child's spiritual growth by making Faithland a priority each week. By filling out this form, you are helping us make sure that our classrooms are equipped each week with the materials and volunteers that make Faithland a great place for all kids. This information will be available to your child's teacher each week and will also be filed in the Faithland office. This registration form can be returned to the Faithland sign-in desk Sundays at 9:00am or 10:30am, or to the church office weekdays between 9:00am and 5:00pm.

Please also consider partnering with us in Faithland by sharing your gifts and talents! A Faithland volunteer form is attached for you to consider how you can join the Faithland serving team. Thanks for choosing Faithland to be part of your child's spiritual heritage!

Child's Name: _____ Gender: M F Birthdate: _____

Grade for 2009-2010: Preschool 1st 2nd 3rd 4th 5th Faithland Time: 9:00am 10:30am

Lives with: Mother: _____ Father: _____ Other: _____

Home Address: _____ City: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____ Who's cell is this? _____

E-mail to receive Faithland news: _____ Who's e-mail is this? _____

Who is allowed to pick-up this child from Faithland? (must be 6th grade or older) _____

Is there anyone that is not allowed to pick up this child? _____

Has this child ever been baptized? If so, please list the month and year here: _____

Please circle any allergies or food sensitivities you want us to know about:

Nuts Wheat Dairy Eggs Corn Artificial colors, flavors, preservatives Other: _____

Are there any medical conditions you want us to be aware of? _____

Parental Authorization:

In case of a medical emergency, I understand every effort will be made to contact the parent or guardian of the child. In the event that I cannot be reached, I hereby give permission to the medical examiner selected by the church staff to treat the child named in this form as necessary. Photographs may be taken and published for church publicity in local newspapers, our directory, and the church web site.

Parent/Guardian Signature

Date



Volunteer Form

2009-2010

This form is for new and returning Faithland volunteers

Faithland volunteers are front-line, key participants in furthering God's Kingdom Work by serving the children of Light of Christ Lutheran Church. Faithland is a place where children grow roots in the knowledge and experience of faith in Christ. Serving God by being a spiritual role model to children is a high calling, and the character of volunteers in Faithland is of the utmost importance. All volunteers must complete Part 1 and 2. Volunteers who are working directly with children are required to complete Part 1, 2, and 3 (on the back).

PART 1

Name: _____ Circle One: **7th-8th grade** **9th-12th grade** **Adult**

I would prefer to serve at: (circle) **9:00am Sunday** **10:30am Sunday**

If you are able to help us outside of the Sunday services, please tell us what days/times: _____

Home Address: _____ City: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

E-mail to receive Faithland communication: _____

What is your preferred method of communication? Home phone Cell Phone E-mail

PART 2

We need volunteers for all sorts of things! And we need your God-given gifts to make our Faithland family complete! Please "X" any areas below where you have an interest in serving.

- | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sign-in Table | <input type="checkbox"/> Room Leader/Teacher (preferred grade: _____)* |
| <input type="checkbox"/> Welcome New Families/Tour Faithland* | <input type="checkbox"/> Room Assistant to a Teacher* |
| <input type="checkbox"/> Creating Faithland decorations | <input type="checkbox"/> Curriculum Preparation (Gather supplies and fill curriculum bins) |
| <input type="checkbox"/> Hanging Faithland decorations/bulletin boards | <input type="checkbox"/> Make Copies |
| <input type="checkbox"/> Provide Snacks for Faithland | <input type="checkbox"/> Prepare and Send Out Mailings/Postcards |
| <input type="checkbox"/> Organize Faithland Supplies (Art Closet) | <input type="checkbox"/> Building Props for Faithland |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> GEMS/ROCKS (4 th -5 th serving/social group) |
| <input type="checkbox"/> Painting Walls or Props for Faithland | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Drama Production | |
| <input type="checkbox"/> Music: Singing with a praise team for FL praise parties | |

Please turn this form OVER ↓

PART 3

Part 3 only needs to be completed by those who will be working directly with children.

This includes: **Coordinators, Teachers, Classroom Helpers, and New Family Guides.**

Are you a member of Light of Christ Lutheran? Yes No

(You do not have to be a member to serve in Faithland)

What is the name and city of your previous church? _____ Length of time: _____

Your current or previous place of employment: _____ Phone: _____

Length of Service: _____ Job Title: _____

How long have you lived at your current address? _____ *If it is less than 5 years, please list your previous 2 residences:*

Previous address: _____

Previous address: _____

REFERENCES: List 3 people, other than relatives, who have known you at least 3 years.

Name	Address (Street, City, State, Zip Code)	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

What experience have you had serving in children's ministry (or other areas like VBS, choirs, camps, etc.)?

Have you ever been convicted of a felony? _____

All of the above statements are correct to the best of my knowledge. I hereby authorize Light of Christ Lutheran Church to verify information contained in the application through a background check.

Signature _____ Date _____

Printed name _____