



Desert Foothills Lutheran Church Children's Ministry 2019/20

Effective Dates: August 1, 2019 – August 31, 2020

CHILD INFORMATION

Name _____ DOB _____ Male Female

Baptized: Yes Date: _____ No Preschool: _____

Address: _____

Home Phone _____ Cell Phone _____

MEMBER VISITOR PRESCHOOL FAMILY

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions your child has (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about your child (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

Desert Foothill Lutheran Church Photo Release Form
For Children and Youth

I agree that Desert Foothills Lutheran Church may photograph and record my child likeness and activities (Images) ¹ during church-related activities. I grant the following rights to DFCLC: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge DFCLC from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Image means all photographs, film, or other recordings taken of your child as part of the Shoot.

Child's Name (print)

Parent's Name

Parent's Signature

Date