



## 2025-2026 REGISTRATION

### BIRTH THROUGH GRADE 5



Please Print

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

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Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Family E-mail \_\_\_\_\_

**Below please provide contact information about yourself and any other custodial adults.**

Name	Relationship to Child	Phone Contact	Address (if different than child)

**EMERGENCY CONTACT -- If the person above cannot be reached, please call:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Please inform us of: Food Allergies, Learning Disabilities, Special Needs, etc:

\_\_\_\_\_

We often share photos of events happening at NHLC. If you **do not** want your child's photo used in any church media (print or digital) please check here \_\_\_\_\_

- I recognize that attending Family Faith Night is a privilege. My child has agreed to respect and show Christ-like love to teachers, helpers, and fellow students.
- I give permission for my child(ren) to participate in programming at New Heights Lutheran Church and/or The Grove, and hereby release New Heights Lutheran Church and/or The Grove from liability.
- If I have any concerns regarding alternate pickup authorization, I will directly contact Auna Nelson or Kaia Wedig. Otherwise, I give permission for my child(ren) to be released to the adult they recognize as safe.

\_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature

**Questions?** Contact: Auna Lynn Nelson, Director of Children's Ministry  
(608) 513-0063 or Auna@newheightslc.org