



2026-2027 REGISTRATION

BIRTH THROUGH GRADE 5



Please Print

Child's Name _____ Birthdate _____ Grade _____

Child's Name _____ Birthdate _____ Grade _____

Child's Name _____ Birthdate _____ Grade _____

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.

Parent/Guardian Signature

Date _____

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