



**WEDNESDAYS!**  
for  
**3<sup>rd</sup> - 5<sup>th</sup> graders**

- 4:15 – 5:45  
Dramas, games, activities, music
- 5:45 Supper with your family (optional)
- 6:30 Worship with your family (optional)

**beginning  
Wednesday,  
September 20**

**TRINITY LUTHERAN CHURCH**  
13025 Newell Ave - PO Box 768  
Lindstrom MN 55045  
651-257-5129  
[www.trinitylindstrom.org](http://www.trinitylindstrom.org)

Trinity Lutheran Church - Lindstrom MN  
**Wednesday FAITH KIDS Registration**  
Growing Faithful Kids for Christ

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone(s): \_\_\_\_\_

Household e-mail address: \_\_\_\_\_

Circle One: Member of Trinity Non-Member

**CHILD's name:**

First	Middle	Last	Grade
_____	_____	_____	_____

Please list any allergies or medical/dietary needs:

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT FORM:**

*I hereby give my consent to have my minor child/ren participate in the 2017-2018 Wednesday Faith Kids program at Trinity Lutheran Church.*

*I recognize that engaging in the activities at Trinity Lutheran Church may expose my child/ren to the possibility of physical injury. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child/ren's participation in programs and related activities.*

*In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church to administer necessary first aid or seek emergency medical attention for my child.*

*I give my permission for my child/ren to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child/ren's names will NOT be published or linked with photographs.*

\_\_\_\_\_ date \_\_\_\_\_

**Signature of Parent/Guardian**