

GENESIS CHURCH SCHOOL REGISTRATION 2010-2011
GOOD SHEPHERD LUTHERAN CHURCH
 106 OSAGE AVENUE -BISMARCK, ND 58501 - 701-255-1001 – www.goodshepherdbismarck.com
3 YEARS – 6TH GRADE

Child's First and Last Name: _____ Male or Female? (Please Circle One)

Grade fall of 2010 (or write PreSchool) _____ Birthdate: ___/___/___ Current Age: _____

Parents/Guardians (List all) _____

Address _____ Zip Code _____

Home phone _____ Work Ph _____ Alt. emergency contact _____

****EMAIL** (all information sent electronically): _____

Medical Coverage Company _____ Insurance policy number _____

Genesis Sessions– Ages 3 through 6th Grade (September – May). Genesis church school offers bible lessons using scripture, prayer, stories, crafts, activities and music as well as service projects.

Check The session You'll be Attending:	Session Location/Day of the Week:	Time:
	South Campus - Wednesday	5:30 pm – 6:30 pm
	South Campus - Sunday	9:45 am – 10:45 am
	North Campus - Sunday	10:15 am – 11:15 am

Little Angels – Ages 2-4. These sessions are held in **October** and **November** and again in **February** and **March**. This program is for **children and parents to attend together**.

Check The session You'll be Attending:	Session Location/Day of the Week:	Time:
	South Campus - Sunday	8:45 am - 9:10 am
	North Campus - Sunday	9:45 am – 10:30 am

* Please explain any special needs your child has: _____

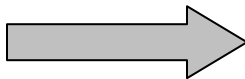
*We occasionally photograph the students in Genesis. If you don't want your child to be photographed place an X on the line _____.

As partners in this Christian community your signature demonstrates a promise that you will take an active role in your child's spiritual development. One or more parents or family representatives will work as a team with the other parents and set-up a teaching calendar for the particular group your child is in. How many times that each partner will teach is dependent on the class size.

 Parent/Guardian Signature

 Student Signature

***Please complete the other side...**



GOOD SHEPHERD CHURCH SCHOOL PARTNER COVENANT

I affirm my commitment as a parent/small group leader to the safety of all children and guarantee I/we have never been convicted of a sex crime or crime against children or anything else that would compromise a child's safety.

Parent/small group leader signature(s): _____

Parent/small group leader(s) print: _____

GOOD SHEPHERD SAFETY POLICY

This will be filed in the classroom your child is in so each leader is aware of your specific requests in this regard.

Parents/Guardians please escort your children to their assigned classrooms and plan to pick them up at their classroom door when church school is done. The small group leaders will stay in the classroom with the students until all have left safely.

Parents/Guardians of older elementary students must provide the following written information for church records if you would prefer your child be allowed to leave the classroom on his/her own and state where they intend to meet you or a designated person.

I give permission for my child _____ to leave the church school classroom on his/her own. He/she will be meeting (designated person) _____ at _____ (designated place) to return home safely.

Parent/Guardian Signature: _____

Questions? Please contact:

Adele Geiger, Children & Family Education Minister
adele@goodshepherdbismarck.com – (701) 255-1001

or Steph Deitz, Education Ministries Assistant
steph@goodshepherdbismarck.com – (701) 255-1001