God's BIG Plan 2026-2027

YOUTH EVENT, SUNDAY SCHOOL, CATECHISM, AND HIGH SCHOOL 2026-2027
REGISTRATION AND PARENTAL CONSENT FORM

This form will be kept on file and used from September 1, 2026 through August 31, 2027

Please complete this registration form and return to Margie Turowski or the church office. As we approach the 2026-2027 BSLC Sunday School year, we recognize that the spiritual, emotional, and physical safety of your child is paramount.

STUDENT/PARENT INFORMATION

Child's Name _____
Child's Age _____ Child's Date of Birth _____
Grade in School _____ School Name _____
Child's Street Address _____
Child's City, State Address _____

Parent/Guardian Name _____
Parent/Guardian Primary Phone Number _____
Parent/Guardian Email Address _____
Parent/Guardian Home Address
_____

Second Parent/Guardian Name _____
Second Parent/Guardian Primary Phone Number_____
Second Parent/Guardian Email Address _____
Second Parent/Guardian Home Address
_____

Emergency Contact (individual NOT listed above)
Name _____
Phone Number _____
Relationship _____

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CHILD'S NAME _____

PHOTO/VIDEO RELEASE

I give permission for my child to be photographed and or video recorded during church events and activities. I understand that these photos and videos may be used for bulletin boards, church newsletters, church website, social media, and other church publications. I understand that **children will never be identified by name in any photo**, unless the parent chooses to add their own "tag" in social media. Additionally, should I choose to "tag" my child in a church media post, I will not identify or "tag" other church members in the post.

I DO wish to have my child photographed (please initial here) _____
I DO NOT wish to have my child photographed (please initial here) _____

MEDICAL AUTHORIZATION

I authorize an adult volunteer or staff member in whose care the minor has been entrusted to administer basic first aid in emergency situations. I also authorize consent to any hospital or urgent care facility to be rendered to the minor under the general or special supervision on the advice of any licensed physician or dentist under the provisions of the Medical Practice Act. Whenever possible, a parent or legal guardian will be contacted immediately before seeking medical care.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home from an event or trip due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in events sponsored by BEAUTIFUL SAVIOR LUTHERAN CHURCH.
I acknowledge it is our responsibility to update the information on the form as necessary with the staff at BEAUTIFUL SAVIOR LUTHERAN CHURCH.

Parent/Guardian Signature _____
Printed Name _____
Today's Date _____

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HEALTH HISTORY AND INSURANCE INFORMATION

Health Insurance Coverage Company _____

Primary Insurance Coverage Holder's Name _____

Insurance Company Policy Number _____

Primary Physician's Name _____

Primary Physician's Phone Number _____

Dentist's Name _____

Dentist's Phone Number _____

Preferred Hospital _____

Is your child up to date on immunizations for school? YES NO

Date of last tetanus shot _____

Types of Allergies	Reactions / Symptoms
Food?	
Medications?	
Environmental Factors?	

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Does your child carry or need the following:
Inhaler ____
EpiPen ____
Dermal Patches ____

Please list any **medical conditions** or **significant injuries** that may place limitations on activities for your child.

Please list any medications/dosages your child takes regularly.

Please list any special needs that would be helpful for a doctor or first responder to know in case of an emergency.

Please feel free to use the space below if there is anything else you would like for the staff and volunteers to know regarding your child.

PARENTS: In order for your child (ren) to grow in faith, adult help is greatly needed for the Sunday School classrooms. Your time, generosity, and commitment to at least once per month or 6 times per year, will substantially help with the educational development and advancement to our faith-based curriculum. Prayerfully consider signing up to be a Lead Teacher, Classroom Assistant, or both. **WE NEED YOU!** Check all that apply.
Yes, I can be a Lead Teacher _____
Yes, I can be a Classroom Assistant _____
Yes, I am willing to help where needed (workshop, crafts, set up, clean up, etc.). _____

On behalf of the Family Navigation team, we look forward to working with your child this year. It is going to be a fantastic year of learning and fun! Feel free to contact Margie Turowski (YouthMinistry@bslcmi.org) or the church office (248-646-5041) If you have any questions. Thank you.