



July 22-26 | 5:30 pm - 8:30 pm
Sunday – Thursday Evenings

Our Savior's Way Lutheran Church
 43115 Waxpool Rd, Ashburn, VA 20148

Child Registration
One form per child, please

Ages 3.5 years through Grade 5
(completed)

3 years by 2-23-18 and Potty-trained

**NOTE-Children 3– 3.5 may attend if accompanied by a parent*

For additional children in family, fill out separate forms with only the information that is different for each child and also sign the release

\$30 First child in Family; \$25 each additional Child; (Maximum \$80 per family)
Fee includes 1 CD per family, T-shirts, crafts & materials.
Extra CD's \$5 each Tuition Assistance Available.
 Contact Church office-703-858-9254 or barb@oswlc.org
Register by JULY 8 to assure T-shirt availability.
 (see FAQ sheet online)

Child's Name	First:	Last:	Gender: M <input type="checkbox"/>	F <input type="checkbox"/>
Birth Date (Must be 3 yrs by 2-23-18):		Age	Grade as of May 2018	
Parent's Name	First:	Last:		
Street Address:				
City	State	Zip	E-Mail address	
Home Phone Number		Cell Phone Number		
Preferred contact method	T-shirt Size (Child x-sm/sm/med/lg; adult sm:			
Children K – 5 th (<i>completed</i>) will be in small mixed age crews, which will be part of a larger Group for moving to activities. Do you wish your children to be place in the same small group? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Names of other siblings:		Preschoolers will NOT be moved up to K-5 groups.		
I give permission for my child to be photographed for church use. Full names will NOT be included with photos used.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Guardian Signature			Date:	

Pick-up Information	
Who may pick your child up?	
Contact Number	
Emergency Contact	
Name	Relationship to student
Home Phone Number	Cell Phone

Food Allergies YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes list
<i>Our Savior's Way/Open Arms is a Peanut-safe facility and every effort is made to reduce allergic risks. However, If your child has a life-threatening allergy, please consider volunteering to work with their group.</i>	
Other Special Information about my child	
Doctor's Name	Doctor Phone Number
Child Baptized? YES <input type="checkbox"/> NO <input type="checkbox"/>	Church Member at
Where can you help? (dinner, crew leader, Bible story, crafts, music, games, childcare, registration, decorating, other) See job descriptions on line at www.oswlc.org PLEASE ALSO FILL OUT FULL VOLUNTEER FORM	
I can help all week: YES <input type="checkbox"/> (<i>Preferred</i>)	
I am available these days only (<i>check all that apply</i>): Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/>	
I can help with advance preparation: Area of interest:	
I would like to work in a specific area or Activity. Area of interest:	
I would like to lead a crew of kids: Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Place me with my child: YES <input type="checkbox"/> NO <input type="checkbox"/>	