

**MOUNT OLIVE LUTHERAN
2016-2017 METAMORPHOSIS REGISTRATION FORM
6th - 12th Grade**

Date: _____

Family Information:

Parent Name:	Home Phone:	Cell Phone:
Address:		Email Address:
Parent Name:	Home Phone:	Cell Phone:
Address:		Email Address:

Student Information (if you have more than three children, please continue on the back of this form):

Child's Name	Grade in September:
Date of Birth:	Name of School attending:
Current Age:	Special Info (food allergies, etc.):

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<input type="checkbox"/> I would like to help in our Metamorphosis Program:	
<input type="checkbox"/> _____	Sunday Morning Guide
<input type="checkbox"/> _____	Wednesday Night Guide
<input type="checkbox"/> _____	Service Leader
<input type="checkbox"/> _____	Wednesday Night Meals

PHOTO RELEASE

Mount Olive Church occasionally has the opportunity to use photos to promote the Sunday School program, children's choir and other church activities. Uses might include a display board, church newsletter, church website, church Facebook page, etc. No names will be used on the websites and Facebook page.

I give Mount Olive Church permission to include my children _____,
 _____, _____, _____,
 in photos used for informational or promotional purposes.

Signature of Parent

