



IMMANUEL LUTHERAN  
CHURCH - BARTLETT IL

**Participation Form**

	Name of Child	Age	Gender	Child's Address, City, State, ZIP	Child's Cell / Home Phone if Applicable (for notification of Hunt Club info only)	Allergies (please list all known allergies)
1						
2						
3						
4						
5						

Enrolling Parent / Guardian Name (last, first, MI): \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_ Day Time Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Other Parent / Guardian Name (last, first, MI): \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_ Day Time Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

<b>May the non-cusotidal parent pick up the child (Circle):</b> Yes No	
The Child(ren) will be released only to the people on this application and the following persons:	
Full Name	_____
Address, City, State, ZIP	_____
Home Phone #	_____ Cell Phone # _____
<b>AND...</b>	
Full Name	_____
Address, City, State, ZIP	_____
Home Phone #	_____ Cell Phone # _____

Please Send Participation Form by: **Mail: Immanuel Lutheran Church, 1116 E. Devon Avenue, Bartlett, IL 60103**  
**E-mail: immanuelbartlett@sbcglobal.net**