



Faith Formation Registration for Children & Youth 2019-2020 School Year

Please complete a separate form for each student participating in Sunday School or Confirmation.

Last Name: _____ First Name: _____

Preferred name: _____

Date of birth: _____ Gender: _____

Has child been baptized? yes no If yes, baptism date: _____

Grade in 2019-20 school year, pre-kindergarten or above _____

Parent/Guardian name: _____

Mailing address: _____

Email address: _____

Phone: _____ cell home other (specify)

Alternate phone: _____ cell home other (specify)

Parent/Guardian name: _____

Mailing address: _____

Email address: _____

Phone: _____ cell home other (specify)

Alternate phone: _____ cell home other (specify)

Is there anything that would be helpful for us to know (living situation, behavioral patterns, learning issues...)?

(Continued on other side)

- I give permission for photos or videos of my child to be used in print and online publications of Lake Edge Lutheran Church, including but not limited to the monthly newsletter (Dialogue), the church website, and the Facebook page.

Parent/guardian name (printed): _____

Parent/guardian signature: _____

Date: _____

Emergency Contact (if parent/guardian cannot be reached):

Name: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Please note any allergies to food, art supplies, or other items likely to be used during Faith Formation classes:

- In the event of an emergency, I consent to have my child given emergency medical treatment as needed until I can be reached.

Parent/guardian name (printed): _____

Parent/guardian signature: _____

Date: _____

Please note relevant medical conditions (such as asthma or diabetes) or allergies to medication:

Preferred hospital or clinic:
