



Christian Education & Confirmation Registration



Sunday School
9:00 - 9:50 a.m.

Wednesday Confirmation
6:00 - 7:30 p.m.

Students' Name

Age/Grade

Pre K—8th

5th–9th

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Information:

Mom's Name: _____ Phone # _____

E-mail: _____

Dad's Name: _____ Phone # _____

E-Mail: _____

Medical/Allergy Information: (please specify which child)

Does your child(ren) have any special needs or triggers that we need to know about to help them succeed?

**I understand that my child(ren) are expected to behave appropriately and will be held accountable for their actions _____ (parent please initial)

**Occasionally we may take pictures, videos, etc. of the children to share in Church, the newspaper, facebook, etc. Do you give permission for your child(ren) to have their picture taken or used for Faith Lutheran Church. (parent please initial) _____yes _____no