

# FAMILY FAITH FORMATION FORM

Redeemer Lutheran - TRF

2023-2024

PARENT NAME \_\_\_\_\_ Phone # \_\_\_\_\_

PARENT NAME \_\_\_\_\_ Phone # \_\_\_\_\_

Email address(es) *(please indicate whose email and whether work, school or personal)*

\_\_\_\_\_

\_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_ Town \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Friend
Neighbor
Relative

**EMERGENCY AUTHORIZATION:** In the event that I cannot be reached, I GIVE/DECLINE my permission for Redeemer Lutheran Staff to contact medical personnel to treat my child (children) \_\_\_\_\_.

Hospital/Clinic affiliation \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

**PHOTOS & PUBLICITY:** I Consent/Decline Consent \_\_\_ to the use of any photographs of my child(ren) \_\_\_\_\_ to be included in sharing for fellowship, live-stream services, or publicity for Redeemer Lutheran of Thief River Falls.

Parent's signature/Date \_\_\_\_\_ / \_\_\_\_\_

**WE ARE THE BODY OF CHRIST!** We are church together! We gather to worship, serve, and proclaim Christ to all people! The Spirit gives us all gifts to be used for one another and for the building up of the Family of God – the Church. We need your passion, expertise, and presence to grow in faith and relationship together. Please indicate the areas you would like to help with and your preference for frequency.

\_\_\_\_ Every Week    \_\_\_\_ 1x each month    \_\_\_\_ Every week for a month    \_\_\_\_ Special Events    \_\_\_\_ Any Time

I'm best at helping with *(check all that apply):*

- |                        |                       |   |                     |                  |             |
|------------------------|-----------------------|---|---------------------|------------------|-------------|
| Greeting/snacks _____  | Reading stories _____ | Leading Games _____                                     | Arts & Crafts _____ |                  |             |
| Teaching a class _____ | Dinners _____         | Music _____   | Preschool _____     | Elementary _____ | Youth _____ |
| Chaperone _____        | Programs _____        | I'd like to help lead/plan programs and offerings _____ |                     |                  |             |

# BLAST - 23/24 - Bible Learning And Serving Together

STUDENT NAME \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_

AGE \_\_\_\_\_ Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_ Place \_\_\_\_\_

Contact person/phone number: \_\_\_\_\_

Any limitation of activities or medical conditions we may need to know about?

Any allergies? (Food, Bees, etc.) \_\_\_\_\_

Other activities/interests engaged in:

STUDENT NAME \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_

AGE \_\_\_\_\_ Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_ Place \_\_\_\_\_

Contact person/phone number: \_\_\_\_\_

Any limitation of activities or medical conditions we may need to know about?

Any allergies? (Food, Bees, etc.) \_\_\_\_\_

Other activities/interests engaged in:

STUDENT NAME \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_

AGE \_\_\_\_\_ Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_ Place \_\_\_\_\_

Contact person/phone number: \_\_\_\_\_

Any limitation of activities or medical conditions we may need to know about?

Any allergies? (Food, Bees, etc.) \_\_\_\_\_

Other activities/interests engaged in:

# CONFIRMATION REGISTRATION

**Redeemer Lutheran Church 2023-2024**

STUDENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Birthdate \_\_\_\_\_ Place \_\_\_\_\_ Age \_\_\_\_\_ GRADE \_\_\_\_\_

Baptism Date \_\_\_\_\_ Place \_\_\_\_\_ Email \_\_\_\_\_

PARENT NAMES \_\_\_\_\_

Email addresses \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

INTERESTS:

SCHEDULE COMPLICATIONS(*sports, work, vacations*)

STUDENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Birthdate \_\_\_\_\_ Place \_\_\_\_\_ Age \_\_\_\_\_ GRADE \_\_\_\_\_

Baptism Date \_\_\_\_\_ Place \_\_\_\_\_ Email \_\_\_\_\_

PARENT NAMES \_\_\_\_\_

Email addresses \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

INTERESTS: (*Activities, clubs, sports, travel*)

SCHEDULE COMPLICATIONS: (*sports, work, vacations*)