



Faith Lutheran Church

310 Medayto Drive, Spicer, MN 56288
Phone: 320.796.2522 / Fax: 320.796.3010
E-mail: education@faithspicer.org
Web Site: www.faithspicer.org

Confirmation Registration/ Permission Form 2017-18 Grade 7th- 9th

Guardian's Name: _____

Address: _____

Email: _____

Phone: (Home) _____ (Cell) _____

Please check best way(s) to contact:

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Phone Call | <input type="checkbox"/> Text Message | <input type="checkbox"/> All |
| <input type="checkbox"/> Mailing Home | <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ |

Child(ren)'s Information

Student's Name: _____

Date of birth: _____ Grade: _____ Age: _____ Baptism Date: _____

Email: _____ (Cell) _____

Please check best way(s) to contact:

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Phone Call | <input type="checkbox"/> Text Message | <input type="checkbox"/> All |
| <input type="checkbox"/> Mailing Home | <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ |

Special Needs/ Food Allergies/ Medical Conditions: _____

If parent/ guardian is unavailable, please contact:

Emergency name: _____ Phone: _____

I hereby grant my permission, in case of an emergency, for medical attention to be sought by the leaders for my child.

Yes/ No Initial: _____

I also grant permission for my child to ride to and from events with an adult leader.

Yes/ No Initial: _____

Lastly I give permission for my child to be included in pictures, promotional material and publications at Faith Lutheran Church. This including but not limited to the FLC website and FLC Facebook page.

Yes/ No Initial: _____

Parent/Guardian Signature: _____ **Date:** _____