



**2024 – 2025 Confirmation
Faith Evangelical Lutheran Church (ELCA)
Registration Form**

Student's Name(s), Birthday, Grade, and School:

Parents/Guardians Name(s):

Home Address:

Parent/Guardian Cell Phone: (Please note if you do not wish to receive text messages)

Parent/Guardian Email:

Allergies: (If multiple children, be sure to indicate which child)

Student cell phone number (if applicable):

What is one thing we should know about your child(ren)? Also, is there anything we should be aware of medically, socially, or developmentally for your child(ren)?

One thing I hope my child(ren) will learn/discover this year in confirmation:

One thing my child(ren) is/are looking forward to, or hoping to learn this year in confirmation:

Thank you for your support and involvement in our program! It is important for children to see their loved adults being active along with them in Confirmation. Please feel free to share any ideas and comments with Pastor Lily or Sarah in the office.



**Parent Permission Form 2024-25
Faith Evangelical Lutheran Church (FELC)
420 Read Street Walworth, WI 53184**

My child/children _____

has/have my permission to participate in Faith Formation classes at FELC. During this activity I can be reached at:

Phone Number: _____.

I/we further agree that I/we will hold harmless Faith Evangelical Lutheran Church in Walworth, WI, leaders, church staff and volunteers, and those participating in Faith Formation, from all claims which may arise out of participation in Faith Formation, including activities before and after meal and designated class time. I/we further agree to hold harmless Faith Evangelical Lutheran Church in Walworth, WI from any and all claims which may result from any injuries or fatalities arising out of participation in this event.

In the event that my child sustains an illness or injury requiring immediate medical attention, I/we, give my/our permission to those in charge to administer and/or seek emergency medical treatment. I/we understand that this includes any hospital treatment or the administration of any medicine or drug that is so advised by a licensed physician and/or surgeon. I/we expect to be contacted as soon as possible in the event treatment is needed.

I/we understand that a copy of this form is as valid as the original.

(Signature of Parent or Guardian)

(Signature of Parent or Guardian)

(Printed Name)

(Printed Name)

Date: _____

Medical Conditions (list child's name):

Current Medications (list child's name):

If parents/guardians cannot be reached, please provide the following information:

Emergency Contact: _____ Phone Number: _____

Relationship to Student(s): _____



Faith Evangelical
Lutheran Church Walworth, WI



2024-2025 Photo and Video Release

Faith Evangelical Lutheran Church in Walworth, WI will sometimes use photos and videos to promote our Faith Formation and Confirmation programs through newsletters, websites, press releases, social media, etc. No names will be used.

I give Faith Evangelical Lutheran Church in Walworth, WI permission to include

_____ [name(s) of child(ren)]

in photos and/or videos used for informational or promotional purposes.

(Signature of Parent or Guardian)

(Printed Name)

Date: _____

I do not give permission for _____ to be photographed or recorded.

(Signature of Parent or Guardian)

Date: _____