



Faith Formation Registration Form 2016 - 2017

FOR OFFICE USE ONLY

Pre/K 1-2 Grade 3-5 Grade
Middle School High School

Student's Name _____ Date of Birth _____

Age: _____ Grade: _____

Parent(s)/Guardian(s) Name _____

Address _____ City, Zip _____

Home Phone Number _____ Email Address _____

Emergency Information:

Parent/Guardian Name and Cell Phone _____

Where would we usually find you during the Sunday School hour?

Adult Education Meeting in the church Coffee Hour Other: _____

Parent/Guardian Name and Cell Phone _____

Where would we usually find you during the Sunday School hour?

Adult Education Meeting in the church Coffee Hour Other: _____

One Additional Emergency Contact Name, Relationship to Student, and Phone Number:

Allergies/medical concerns/special needs (please include food allergies - your child may be taking part in cooking workshops)

Photo Release

I hereby give my permission for the Lutheran Church of the Good Shepherd (LCGS) to record my child's likeness via still photo, video, or audio recording. I understand that these images may be edited at the discretion of the church, and that they may be used in places like: power point presentations, LCGS or synod publications, posters & brochures, and the church website for the purpose of promoting the ministry and mission of the church. I understand that no names will appear in association with the images.

Adult Signature _____ Date _____

Additional Information

Is your child baptized? _____ If not, are you interested in baptism? _____

Are you a member of Good Shepherd? _____