

# Sunday School & Confirmation Registration Form 2011-2012

## McFarland Lutheran Church

*Please complete and sign a registration form for each child*

Sunday School (age 3-6th grade)

Confirmation (7th & 8th grade)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Baptism date \_\_\_\_\_

Address \_\_\_\_\_

City/ZIP Code \_\_\_\_\_

Child resides with \_\_\_\_\_

### **Parent/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Parent/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternate Emergency Contact Person \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies, medical conditions, or other relevant information

I give permission to have my child photographed during church events Y N

I give permission for my child's photograph to be used on the MLC website or Facebook  
page (names are not used in online photos) Y N

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed forms to the church office:

McFarland Lutheran Church  
5529 Marsh Rd  
McFarland WI 53558  
www.mcfarlandlutheran.org  
608-838-3184