**Sugar Creek Lutheran Church Confirmation 2020/2021**

**REGISTRATION FORM**

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| --- | --- | --- |
| **NAME** | **Age** | **Grade in**  **Fall** |
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| --- | --- |
| **HEALTH NEEDS**  Please list any food allergies, medical concerns, learning differences, behavior concerns or anything else the leaders should be aware of regarding your child’s health or care? For multiple children, please specify name and provide details. | |
|  | |
|  | (please initial) My child does not have any food allergies, medical concerns, learning differences, or anything else that is relevant to my child’s participation |
|  | (please initial) I have a concern regarding my child’s health needs that I would like to discuss in confidence with Rachel Smith and would like her to contact me for more details. |

|  |  |
| --- | --- |
|  | (please initial) **PHOTO RELEASE**: I give Sugar Creek Lutheran Church permission to share photos that include my child on their social media, website and newspapers. |
|  | (please initial) **PARTICIPATION CONSENT**: I give consent for my child(ren) to participate in all activities and to receive appropriate assistance as needed from SCLC staff and volunteers. |

Sugar Creek Lutheran Church – N5690 Cobblestone Rd., Elkhorn WI 53121

Email Rachel Smith- Rachel@lutherdale.org with questions.

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| **CAREGIVER INFORMATION** | | | | | | | | |
|  | Parent/Guardian #1 | | | | Parent/Guardian #2 | | | |
| Name |  | | | |  | | | |
| Address |  | | | |  | | | |
| Email |  | | | |  | | | |
| Phone |  | | | |  | | | |
| Relationship to child |  | | | |  | | | |
| Current SCLC member | Yes |  | No |  | Yes |  | No |  |
| If no, do you attend another church? | Yes |  | No |  | Yes |  | No |  |
| If yes, which church? |  | | | |  | | | |
| Referred by? |  | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMERGENCY CONTACT** (not listed parent or guardian) | | | |
| Name |  | | |
| Relationship |  | Phone |  |

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