

**2018 – 2019 Wednesday Faith Formation  
Faith Evangelical Lutheran Church (ELCA)  
Registration Form**

**Student's Name(s), Birthday, Age and Grade (if applicable):**

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**Medical, Developmental or Social Concerns:**

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**Contact Information for Parents/Guardians/Caretakers (address, phone number & email):**

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**Check Preference for Communication and Updates:**

Text       Voice message       E-mail       Other: \_\_\_\_\_

**One thing I hope my child/children will learn/experience this year in Faith Formation is:**

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**I/We plan to attend, whenever possible, the following activities:**

Wednesday evening Worship       Children's activities during Sunday Worship  
 Faithline Family Classes (One Wednesday a month)       Lenten Activities

**I/We am/are interested in helping with Wednesday Faith Formation in the following ways:**

Teacher       Classroom Helper       Epiphany Program help  
 Meal preparation or serving       Assisting with worship

**Thank you for your involvement! It is important for children to see their loved adults being active along with them in Faith Formation. We at FELC are very excited about our programming this year. Please feel free to share any ideas and comments with Rebecca Roehl or Pastor Elizabeth.**

**Parent Permission Form 2018-2019**  
**Faith Evangelical Lutheran Church (FELC)**  
**420 Read Street Walworth, WI 53184**

My child/children \_\_\_\_\_

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

Address: \_\_\_\_\_ 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 2018-2019 Photo and Video Release

Faith Evangelical Lutheran Church in Walworth, WI has the opportunity to use photos and videos to promote our Faith Formation program 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

\_\_\_\_\_ (my/our child/children)

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

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_