



**2019 – 2020 Wednesday Faith Formation
Faith Evangelical Lutheran Church (ELCA)
Registration Form**

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

Parents/Guardians Name(s):

Home Address:

Phone number and email:

Check Preference for Communication and Updates:

☐ Text ☐ Voice message ☐ E-mail ☐ Other: _____

Medical, Developmental or Social Concerns:

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

I/We, as parents/guardians, plan to attend the following activities:

☐ Wednesday evening Worship ☐ Faithline Family Classes (6 Wednesdays a year)
☐ Lenten Adult Discussion Group

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

☐ Classroom Helper ☐ Sunday Program help
☐ Meal serving ☐ Meal clean up

Thank you for your involvement! It is important for children to see their loved adults being active along with them in Faith Formation. Please feel free to share any ideas and comments with Rebecca Roehl or Vicar Lily.



Parent Permission Form 2019-2020
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):

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

Emergency Contact: _____ Phone Number: _____

Relationship to Student: _____



2019-2020 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

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

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

(Signature of Parent or Guardian)

(Printed Name)

Date: _____