

Ezekiel Lutheran Church Education Registration 2022-2023

One form per family. Use grade for Fall of 2022.

FAMILY INFORMATION

Last Name of Child(ren): _____

Parent 1: _____

Address: _____

Cell: _____ Can we send a text to this number? Yes No

Email: _____

Parent 2: _____ (If any contact info is the same as above you may leave blank.)

Address: _____

Cell: _____ Can we send a text to this number? Yes No

Email: _____

Unless otherwise specified, all communication will be sent to all parties listed above.

- Member of Ezekiel? Yes No Interested in Membership? Yes No
- Child(ren) baptized? Yes No If no, interested in learning about baptism? Yes No
- Has your child(ren) had First Communion? Yes No

In case of an emergency and a parent cannot be reached, who should we contact?

Name

Number to be reached:

Emergency Contact: _____

Parent Agreement

If I am in attendance, I agree to be actively involved in the supervision of all children. If I observe any unsafe or disrespectful behavior, I will take the time necessary to provide the needed guidance and adult supervision. My overall goal is the safety and faith education of all children. I will keep this ministry in my prayers.

I, the parent/guardian of the child(ren) listed, hereby authorize a representative of Ezekiel Lutheran Church to authorize emergency healthcare if necessary. I, hereby authorize the staff and/or volunteers of Ezekiel Lutheran Church Confirmation Programs to take my son/daughter on a field trip which is part of this education program*. **I, hereby hold the staff and/or volunteers of Ezekiel Lutheran Church harmless for any injury or harm that my son/daughter may incur while participating in these programs, a related field trip, or a service project of the said programs.**

*Field Trips are always planned in advanced and parents are given notice as to when they are happening. For off site activities without a parent present, there will be a healthcare form to complete.

NOTE: Photos of activities and events are occasionally used for publication on our website, brochures, newsletters, etc. If you do not wish to have your child's picture published, please email Marci Norum at mnorum@ezekiellutheran.org.

Parent Signature

Date

FILL OUT CHILD(REN)'S INFORMATION ON THE BACK.

Child 1

Name: _____

Date of Birth: _____ Male Female

Age: _____ Grade: _____

School: _____

Check the program you wish to register for:

- ◇ Sunday School for PreK-5th Grade
- ◇ 6th Grade Confirmation
- ◇ 7th & 8th Grade Confirmation
- ◇ 9th Grade Confirmation

Child 3

Name: _____

Date of Birth: _____ Male Female

Age: _____ Grade: _____

School: _____

Check the program you wish to register for:

- ◇ Sunday School for PreK-5th Grade
- ◇ 6th Grade Confirmation
- ◇ 7th & 8th Grade Confirmation
- ◇ 9th Grade Confirmation

Child 5

Name: _____

Date of Birth: _____ Male Female

Age: _____ Grade: _____

School: _____

Check the program you wish to register for:

- ◇ Sunday School for PreK-5th Grade
- ◇ 6th Grade Confirmation
- ◇ 7th & 8th Grade Confirmation
- ◇ 9th Grade Confirmation

Child 2

Name: _____

Date of Birth: _____ Male Female

Age: _____ Grade: _____

School: _____

Check the program you wish to register for:

- ◇ Sunday School for PreK-5th Grade
- ◇ 6th Grade Confirmation
- ◇ 7th & 8th Grade Confirmation
- ◇ 9th Grade Confirmation

Child 4

Name: _____

Date of Birth: _____ Male Female

Age: _____ Grade: _____

School: _____

Check the program you wish to register for:

- ◇ Sunday School for PreK-5th Grade
- ◇ 6th Grade Confirmation
- ◇ 7th & 8th Grade Confirmation
- ◇ 9th Grade Confirmation

Child 6

Name: _____

Date of Birth: _____ Male Female

Age: _____ Grade: _____

School: _____

Check the program you wish to register for:

- ◇ Sunday School for PreK-5th Grade
- ◇ 6th Grade Confirmation
- ◇ 7th & 8th Grade Confirmation
- ◇ 9th Grade Confirmation

CHILD CONCERNS: For each child, please indicate any health issues, allergies, medications, medical concerns, learning and/or behavioral concerns, or anything else we should be aware of.
