

Calvary Lutheran Church

FAITH FORMATION REGISTRATION FORM

PLEASE PRINT NEATLY

month/day/year month/day/year

1. Student's Name _____
Last Name First Name ML Birthdate Baptized Confirmed

Grade in School _____ Email address (if different than household) _____

2. Student's Name _____
Last Name First Name ML Birthdate Baptized Confirmed

Grade in School _____ Email address (if different than household) _____

3. Student's Name _____
Last Name First Name ML Birthdate Baptized Confirmed

Grade in School _____ Email address (if different than household) _____

Parent Name(s) or Guardian(s) _____
Last Name First Name Household email address

Address _____
Number Street Name City Zip

Home Tel. Number(s) (____) _____
Husband Wife

Work Tel. Number(s) (____) _____
Husband Wife

Cell Number(s) (____) _____
Husband Wife

Emergency Contact Name(s) & Phone: _____

Special Learning Needs, allergies, or medical problems _____

I am willing to assist in Calvary's Christian Education program through:

- Being part of a teaching team
- Assisting with drama, art or Christian service

_____ Age group I with which I would like to work

Full Name _____

 Signature Today's Date