



**CHRIST
LUTHERAN
CHURCH**
ZIONSVILLE

Faith Formation Registration Form

Church Year: _____

Name of Parent(s) or Guardian(s):
Address:
Phone Number(s): Texting OK? Y / N
Email Address(es):

Please fill out the chart below for all children entering Pre-School through 5th grade

	Name	Date of Birth	Age	Grade	Baptized? (Y/N)
1					
2					
3					
4					
5					

I agree to allow my child(ren)'s image(s) to be used by Christ Lutheran Church for promotional use, included, but not limited to informational brochures, flyers/posters, newspaper advertisements, videos, church website, and the church Facebook site. Children will not be identified by name unless a specific request is made and authorized by parent or guardian. Y N

By signing this form, I grant my child(ren) permission to attend the Faith Formation program at Christ Lutheran Church.

Parent or Guardian: _____ **Date:** _____

(over for Emergency Contacts & Medical Information)

Emergency Contacts

In case of emergency during Faith Formation, if parents are not present or children are not in the church building, contact:

Emergency Contact #1:	Phone Number:
Emergency Contact #2:	Phone Number:

Medical Information

Allergies or other special health considerations?	
Medications	
Family Physician:	Phone Number: