



PEACE LUTHERAN

2018-2019 Faith Formation Registration

Students/child(ren) to be registered:

| Please fill in information completely on each line for each child to be enrolled. | | | | | | Please mark choices with an X. | | | | Medical Alert ** |
|---|-----------|-----------|---------------|-------------|-----------------|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------|------------------|
| First Name | Last Name | Birthdate | Age on 9/1/18 | Gender: M/F | Grade Fall 2018 | Sunday School | Wednesday Kids' Club * \$30/child | 7th & 8th Grade Confirmation \$60 | 9th Grade Confirmation \$10 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

* Scholarships are available if needed. Please request in the church office. There is a maximum fee of \$75.00/family for Confirmation; and a maximum family cap of \$165.00 total for activity fees.

** Please describe Medical Alert in space provided on back of this form. Peace ministers to ALL children with various needs. Please contact Pastor Keith or Jane to discuss your child's particular needs.

Household Information:

Parent/Guardian #1 _____

Address: _____, City: _____ Zip: _____

Home/Cell Phone: _____ E-mail: _____

- Yes, text me messages for announcements. Use this e-mail for Peace correspondence.

Parent/Guardian #2 _____

Address: _____, City: _____ Zip: _____

Home/Cell Phone: _____ E-mail: _____

- Yes, text me messages for announcements. Use this e-mail for Peace correspondence.

By enrolling my child(ren) in Peace programming, I give permission to use recording of my child(ren)'s image (photo, video, audio, etc.) for use in such things as church news articles, social media, promotional purposes and other types of media. I release Peace of all forms of claims and liability related to my child(ren)'s photo usage.

Parent/Guardian Signature: _____ **Date:** _____

**** Description of Medical Alert (if applicable)**

Please contact Pastor Keith Pearson or Jane Anderson to discuss your child's particular needs.

For office use only:

Payment for:

| | | | |
|---|---------------------------------------|-------------------------|---|
| <input type="checkbox"/> Wednesday Kids' Club | <input type="checkbox"/> @ \$30/child | \$ <input type="text"/> | } Confirmation max \$75.00 Total family cap \$165.00 |
| <input type="checkbox"/> 7th & 8th Grade Confirmation | <input type="checkbox"/> @ \$60/child | \$ <input type="text"/> | |
| <input type="checkbox"/> 9th Grade Confirmation | <input type="checkbox"/> @ \$75/child | \$ <input type="text"/> | |

Date received:

Total: \$

Cash
 Check #
 Credit Card
 Scholarship: \$