2024-2025 Sunday School/Confirmation Registration Faith Lutheran Church, Valders

(please fill out one form per child)

| Child's First & Last Name: | | Child's Gender: | |
|--|--|--|---------------|
| Child's Age: | Date of Birth: | '23-'24 Grade | |
| Name of parent(s): | | | |
| Street Address: | | | |
| City: | State: | ZIP Code: | |
| Mom Cell Phone: (Dad Cell Phone: (Child's Cell Phone (if |)) available): () | | |
| Email Address: | | | |
| Medical Conditions: _ | | | _ |
| Food Allergies: | | | |
| contact: | | a parent cannot be reached please provide | an additional |
| Phone: () | Rela | tion to child | |
| | v my child's photo to be us not use my child's picture. | sed on the church website and publications. | |
| | | ice 9am, Wednesday Service 6:15pm, Sunda Vednesdays evenings 7-8pm. | ay School |
| valleskeyb@gmail.cor | m if you would like to be ac | nd aid in the classrooms, please contact dded to our list. s given us to use! Please share yours with us | s! |
| Please return this form September 1st | n to the church office, the r | mailslot outside the Youth Coordinator's offic | e, or mail by |

Faith Lutheran Church 255 Roosevelt St. Valders, WI 54245