



Rejoice Lutheran Church
 1155 County Rd 75
 Clearwater, MN 55320
 320.558.6851

FAITH FORMATION REGISTRATION GRADES 9-12

Student's Name (first) _____ (middle) _____ (last) _____

Grade _____ School _____

Parent Name(s) _____

STUDENT: How would you like us to contact you with information/reminders for confirmation (circle at least one and list that contact information in the lines below)?

Snail Mail Text Email Other:

Contact information:

Primary method _____

Secondary method(s) _____

PARENT(s): How would you like us to contact you with information/reminders for confirmation (circle at least one and list that contact information in the lines below)?

Snail Mail Text Email Other:

Contact information:

Primary method _____

Secondary method(s) _____

PARENT PERMISSIONS

_____ **I give Rejoice Lutheran Church Permission to photograph my child(ren) for use on the Rejoice website and Rejoice Facebook pages (please initial in space provided)**

_____ **I give Rejoice Lutheran Church staff and volunteers permission to contact my child directly via phone, text, or other electronic method for matters relating to church activities.**

If you are willing, a **\$20 donation/child or \$30/family** would help cover cost of curriculum and materials for our program.

Please write any special notes for your student's small group leader or Pastor on the bottom of this sheet (i.e. allergies, learning or developmental issues, etc)
