



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)

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