

Lutheran Church of Our Redeemer Confirmation Registration Form Christian Education 2023-2024 School Year

Name of Student (First, Middle, Last:		
Date of Birth:	Date of Holy Baptism:	
Date of First Holy Communion:		
Entering Grade Level:	Age:	
Parent(s)/Guardian(s) Name:		
Address:		
Home Phone:		
Email Address:		
Health Concerns: Food Allergies or Special Need	ds:	
Emergency Contact Name:	Relati	onship to Student:
Emergency Contact Phone Number		
Photo/Video Permissions: Does the Lutheran Cl in print or electronically photos/videos of you Worship PowerPoint, etc.)?	our child (e.g., W	ebsite, Newsletter, Bulletin Board
Participation and Medical Permission By regist child(ren) to participate in the Lutheran Church of 2022-2023 school year. I give permission for my under the supervision and direction of LCOR staff	of Our Redeemer (Lo child(ren) to travel	COR) sponsored activities for the with LCOR to offsite activities
I give permission for the leaders to take whate and/or obtain emergency medical care as warr following:		
1. Attempt to contact a parent/guardian. Failing t	•	•
2. Seek medical examination and treatment for in	•	•
3. Any expenses incurred in necessary emergence student's medical coverage and/or family/guardia	y or other medical tr an members.	reatment will be covered by the
I will update LCOR with any medical changes that occur with my child.		
Parent or Guardian Signature:		

Please fill out this form one per child in the family and return to the church's office ASAP. This will help the teachers and staff organize their classroom's curriculum needs.