

Emmanuel Lutheran Church
Norwood, Massachusetts

Confirmation Registration Form

Student's Name: _____

Address: _____

Home Phone Number: _____

Student's Cell Phone Number (if applicable): _____

Student's E-mail Address (if applicable): _____

Student's Date of Birth: _____

Grade in School (This School Year): _____

Known Allergies/Special Needs: _____

(Please enter contact information for both parents, if applicable.)

Parent's Name: _____

Parent's Cell Number: _____

Parent's E-mail Address: _____

Parent's Name: _____

Parent's Cell Number: _____

Parent's E-mail Address: _____

STUDENT PHOTO RELEASE FORM

I hereby grant to Emmanuel Lutheran Church in Norwood, Massachusetts the unqualified authorization to use and display photographs of the child listed on this form participating in church sponsored events on the:

Emmanuel Lutheran Church Website _____

Emmanuel Lutheran Church Facebook Page _____

Parent/Guardian Signature: _____

Date: _____