**Confirmation Registration
Grace English Lutheran Church, Berlin
&
First Lutheran Church, PoySippi**

 **Student’s Name: Age:**

**Date of Birth: Grade in School:**

**Parent/Guardian Name(s):**

**Street Address:**

**City: State: Zip:**

**Phone: Alternate Phone:**

**Email Address:**

**If parent cannot be reached in an emergency, please contact:**

**Name: Phone #:**

**Any Medical Conditions, Allergies or special needs we should be aware of (reading, A.D.D., A.D.H.D., etc)?:**

I grant Grace English Evangelical Lutheran Church and First Lutheran Church, their representatives and staff the right to take photographs of the above identified in connection with its programs and worship life. I authorize Grace English Evangelical Lutheran Church and First Lutheran Church, their assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Grace English Evangelical Lutheran Church and First Lutheran Church, may use such photographs of the above identified with or without their name(s) and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

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Parent’s Signature Date