

# Bethany Lutheran Church

## Here We Stand Confirmation Registration Form for 2017-2018

Please complete BOTH sides of this form and return by August 31, 2017.

You can register online at [vbspro.events/p/2017hws](http://vbspro.events/p/2017hws) or fill out this form and return:

- mailed back to the church office @ 35 W Messenger St, Rice Lake, WI 54868
- dropped off at the church office
- put in the Drop Box just outside the main church office door

Student Name	Date of Birth	Baptism Date	Gender	Grade	Had 1 <sup>st</sup> Communion Class	Allergies/Special Needs (use back of page if needed)	T-shirt Size (All 6 <sup>th</sup> grade students will receive a tshirt.)

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell \_\_\_\_\_ Text: Yes \_\_\_\_\_ No \_\_\_\_\_ Home # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ (We email communicate via email when possible)

Member \_\_\_\_\_ Non-member \_\_\_\_\_ I would like information on becoming a member \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell \_\_\_\_\_ Text: Yes \_\_\_\_\_ No \_\_\_\_\_ Home # \_\_\_\_\_

Email: \_\_\_\_\_ (We email communicate via email when possible)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Member \_\_\_\_\_ Non-member \_\_\_\_\_ I would like information on becoming a member \_\_\_\_\_

Emergency Contact (if parents cannot be reached): \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

It is our goal to make Here We Stand a wonderful experience for your child. Please provide any other information helpful for your child's HWS guide (i.e. does your child/children have any known behavioral, mental, physical, or other special needs?)

\_\_\_\_\_

\_\_\_\_\_

The undersigned does hereby give permission for my above mentioned child/children to attend and participate in activities sponsored by Bethany Lutheran Church. The undersigned does also hereby give permission for my above mentioned child/children to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Please contact: **Angie Buchli – 715-234-9028** or email [abuchli@chibardun.net](mailto:abuchli@chibardun.net)