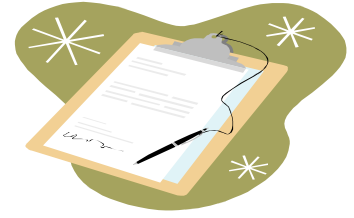


Affirmation of Baptism Registration



Student name _____

Grade _____

Age _____ Birth Date _____

Birthplace _____

Year of Baptism _____

Baptism Sponsors _____

Member of McFarland Lutheran Church ___ Yes ___ No

Had First Communion ___ Yes ___ No

Church Denomination if Non-Lutheran _____

Parent's: Members of McFarland Lutheran Church ___ Yes ___ No

Student's e-mail address _____

Student's cell phone # (if applicable) _____

Father's name _____

Father's address _____

Father's phone #'s Home _____ Work _____

Cell _____ E-mail _____

Mother's name _____

Mother's address _____

Mother's phone #'s Home _____ Work _____

Cell _____ E-mail _____

Emergency Contact (someone we can contact in the event that we are unable to reach you):

Name _____ Relationship to student _____

Home # _____ Cell _____

I give permission to have my child photographed during AOB classes/activities Yes___ No___

I give permission to have my child's photograph put on the MLC website Yes___ No___

List any medical concerns that we need to be aware of:

