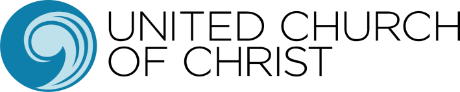
***Swiss United Church of Christ***



**Confirmation**

**New Student Registration**

*Confirmation is for anyone entering 7th grade or above in September.*

*Please complete and return this form to the church office.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | |
|  | | | |  |  |
| **Name** *(first/middle/last)* | | | |  | **Preferred / Nickname** *(if applicable)* |
|  |  |  | |  |  |
| **Date of Birth** |  | **Grade** | |  | **School District** *(ex: New Glarus)* |
| ( ) | | |  |  | |
| **Cell Phone** | | |  | **Email Address** | |
|  | | |  |  | |
| **Street Address** *(mailing)* | | |  | **City, State, Zip** | |
|  | | |  |  | |
| **Any allergies or medical conditions?**  Yes  No **If yes, please list:** | | | | | |

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Information** | | |
|  |  |  |
| **Name** *(first/last)* |  | **Name** *(first/last)* |
|  |  |  |
| **Email Address** |  | **Email Address** |
| ( ) |  | ( ) |
| **Cell Phone** |  | **Cell Phone** |
| ( ) |  | ( ) |
| **Home Phone** |  | **Home Phone** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMERGENCY CONTACTS *(Parents, guardians, family, friends over 18)*** | | | | | | |
|  | |  |  | | | |
| **Name** *(first/last)* **Relationship** | |  | **Name** *(first/last)* **Relationship** | | | |
| ( ) | |  | ( ) | | | |
| **Phone** | |  | **Phone** | | | |
| **Office Use Only** | | **Mentor** | | | | | **Office Use Only** | |
|  | | |  | ( ) |
| **Name** *(first/last)* | | |  | **Cell Phone** |
|  | | |  | ( ) |
| **Email Address** | | |  | **Home Phone** |