***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.*

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| **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** |

|  |
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| **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** |