

GRACE LUTHERAN CHURCH  
6000 BROADWAY  
RICHMOND, IL 60071  
(815) 678-3082  
CONFIRMATION REGISTRATION – 2026-2027

CONFIRMATION – 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Grade  
\$25.00 Registration Fee

CHILD'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GRADE IN FALL OF 2025 \_\_\_\_\_

KNOWN ALLERGIES, MEDICAL CONCERNS, OR LEARNING  
DISABILITIES \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE # YOU CAN BE REACHED AT DURING CLASS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

THOSE PEOPLE AUTHORIZED TO PICK UP CHILDREN: \_\_\_\_\_

☐ I give my permission for photos of my child to be shown on the church's website, social media, newsletters, or any other publication.

☐ I do not give my permission for photos of my child to be shown on the church's website, social media, newsletters, or any other publication.

In the event of an emergency where medical treatment is necessary, I give my permission to the church sponsors to seek appropriate medical treatment after every reasonable effort has been made to contact the person identified above.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_