

Confirmation Registration 2018/2019

Students name _____ Grade Fall '18 _____

Parent(s) name _____

Address _____ City _____

Parents E-Mail Address _____

Student's E-Mail Address _____

Home Telephone # _____ Mom's Cell Phone # _____

Cell phone provider: _____ Dad's Cell Phone # _____

Student's birth date _____ Student's baptismal date _____

Is there any medical condition we should be aware of? (Check one)

- Yes
- No

If yes, what procedure do you wish us to follow?

Please list the names and phone numbers of two people we could contact in case of an emergency.

1. _____ Phone # _____

2. _____ Phone # _____

As a parent I would gladly help support the confirmation program by: (May check more than one)

- Small Group Guide on Wed evenings
- Music leadership
- Chaperoning special events
- Helper
- Driving to special events
- Acolyte Coordinator

Registration Fee \$10 (to cover cost of curriculum)

- Cash
- Check (to: Faith Lutheran Church)