



First Lutheran Church BOTHELL

2017 - 2018 Confirmation Registration Form (Grades 7 - 8)

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name (Nickname): _____ Use Preferred Name On Reports: Y / N

Address 1: _____

Address 2: _____

City State: _____ Zip code: _____

Home Phone: _____ Unlisted Phone: Y / N

Gender: _____ Birth date: _____ Age: _____ Birth Place: _____

School grade: _____ School Name: _____

Student Email: _____

Student Cell Phone: _____

Parents Names: _____

Mother's Cell Phone/Email: _____ / _____

Father's Cell Phone/Email: _____ / _____

Allergies: _____

Siblings Attending Sunday School/Confirmation:

_____ Age ___ / _____ Age ___

_____ Age ___ / _____ Age ___

Church Membership _____

Membership date: _____ How Came to Membership: _____

Baptism Date: _____ Place of Baptism: _____

Sponsors & Remarks: _____

First Communion Date: _____

_____(Parent/Guardian Initials) I give my permission for First Lutheran Church to use photographs of my child in its public displays or media releases. I understand these photographs will not be sold or used for commercial purposes.

If I cannot be reached, I give permission for First Lutheran staff to call for medical assistance and/or transport my child to a local medical facility and seek treatment between the dates of September 1, 2014 and June 30, 2015.

Parent Guardian Signature _____