

Christ Lutheran Church Confirmation Classes and Activities

Student Name: _____
First Middle Last

Preferred First Name: _____ Grade: _____ Birthdate: _____

Address: _____
PO or Street Address

City Zip Code

Student's cell phone number: _____ Student's email address: _____

Is the student a member of Christ Lutheran? ☐ Yes ☐ No If not, then where? _____

Has student been baptized? ☐ Yes ☐ No Date _____

Which church? _____

Has student received first communion? ☐ Yes ☐ No Where? _____

Parent/Legal Guardian Name:

Address: _____

Cell/Home #: _____

Work #: _____

Email: _____

Parent/Legal Guardian Name:

Address: _____

Cell/Home #: _____

Work #: _____

Email: _____

Emergency contact in case parent or legal guardian cannot be reached:

Name Relationship to Child Phone Number

In addition to parents/legal guardians, does anyone else have permission to pick up your child after Confirmation? If so, list below.

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Does the student have any allergies or other medical conditions of which we should be aware?

☐ Yes ☐ No (If yes, please explain below.)

Does the student have any diagnoses or history of behavioral or learning concerns which we should be informed? ☐ Yes ☐ No (If yes, please explain below.)

Please share any additional information about the student that we should know to help make this a successful year.

Participant's Covenant: In registering for Confirmation Classes and Activities, I understand that I will be participating in events for the purpose of Christian learning and service. I will

- arrive on time,
- bring my Bible,
- treat my confirmation leaders and classmates with respect,
- and be responsible for my confirmation work, including attending worship, helping with worship as requested, and completing 20 worship notes for the school year, and service projects as assigned.
- I will participate fully in confirmation classes.
- I will not bring anything that could be considered dangerous (fireworks, knives, lighters, etc.) to confirmation classes or activities.

Participant Signature

Date

Consent of Parent or Legal Guardian

Authorization for Participation I give permission for my child to participate in Confirmation classes at Christ Lutheran Church for the period of September 1, 20__ to August 31, 20__.

Media Release: I, the parent/legal guardian of _____,

☐ give ☐ do not give

permission to Christ Lutheran Church use, publish, or disclose in newsletters, brochures, periodicals, posters, websites, or other media related vehicles, any photographs, videos, audios, and any other material in which my child may have appeared, spoken, written, or otherwise been represented. I understand that a copy of this release will be kept on file to indemnify Christ Lutheran Church against any of their use of the materials indicated.

Electronic Communications: I, the parent/legal guardian of _____,

☐ give ☐ do not give

permission to the pastor, confirmation leaders, and office manager of Christ Lutheran church to contact my child by text or email message regarding information pertinent to Confirmation classes and activities.

Signature of Parent/Legal Guardian

Date