

2020-2021 Confirmation Registration Form

\$25 Confirmation Registration Fees Payable By Check Or Online

STUDENT INFORMATION

NAME (First) _____ (Middle) _____ (Last) _____

Gender _____ Birthday _____ Grade _____ School _____

Baptized? (Please circle) Yes No

Special Needs or Allergies? (Please list) _____

Please check: I understand that the Confirmation lessons will be online and will encourage my child to complete them in a timely way.

List three friends in your grade and same gender, that you would like to be in your small group. List first, second, and third choice.
We'll try to put you with at least one friend in your small group!

First Choice _____ Second Choice _____ Third Choice _____

PARENT INFORMATION

Father's Name _____ Occupation _____

Address _____ City _____ Zip _____

Cell Phone _____ Email _____ Member of St. Paul's? Yes No

Mother's Name _____ Occupation _____

Address _____ City _____ Zip _____

Cell Phone _____ Email _____ Member of St. Paul's? Yes No

MEDICAL & PUBLICITY RELEASE

In the event of an emergency, I authorize the medical treatment of my children by a qualified and licensed doctor. The authority is granted only after a reasonable effort as been made to reach me. This release form has been completed and signed of my own free will with all the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I waiver responsibility of St. Paul's Lutheran Church and all workers and volunteers if accident or injury occurs to my child.

Your child's photo may be used for publicity purposes only, unless you check here. _____

Parent Signature _____ Date _____

Emergency Contact _____ Relationship _____ Phone _____

Family Doctor _____ Phone _____

