

**Confirmation
Student Registration
First Lutheran Church Confirmation Ministry
2016-2017**

Student's Name _____
Prefers to be called _____
Student's e-mail or cell (For emergency only): _____
Birthday _____ School _____ Grade _____
Baptized? ____ yes ____ no Date _____ Church _____
Received Pre-Communion Instruction? ____ yes ____ no

Parent/Guardian Information
Name _____ e-mail address _____
Address: _____
Home Phone _____ Cell phone _____ Best time to reach you _____
Occupation _____ Place of Employment _____

Parent/Guardian Information
Name _____ e-mail address _____
Address: _____
Home Phone _____ Cell phone _____ Best time to reach you _____
Occupation _____ Place of Employment _____

Grandparents Addresses for mailings for invitation to Special Confirmation Events:
Address: _____ Phone: _____
Address: _____ Phone: _____

Siblings Name: _____ Name _____
Name _____ Name _____

Pick Up List of Names/Phone numbers of people you allow your youth to leave Confirmation Events with:

1. _____
2. _____
3. _____

Does your child have any allergies? YES NO If yes, please list allergies: _____

Does your child have any concerns or medical information that would help us make Confirmation a great experience? _____