1st Year Confirmation Registration
Faith Lutheran Church
2010 - 2011

Include with registration:

Registration Fee $70

Indicate session preference: ___Early Session (times to be determined)
___Later Session (times to be determined)

Choices will be honored on a 1st come, 1st served basis. These forms and payment must be returned for registration to be complete. ____ *Please check here if you would like more information on scholarship assistance.*

Student _____ Grade - Fall 2010 ____
First Middle Last

___Male ___Female Name wishes to be called _____

Address _____
Street City Zip Code

Home Phone_____ Student e-mail_____

School _____

Birth date _____ Baptism Date _____

My contact information may be shared with my student's leader Yes ☐ No ☐

Member of Faith Lutheran ____Yes ___No (if no, please talk with Confirmation Director prior to registering)

Parent/Guardian Name _____Cell Phone_____

Relationship _____ Resides with? ☐ Yes ☐ No

Parent/Guardian Name _____ Cell Phone _____

Relationship _____ Resides with? ☐ Yes ☐ No

Parent's e-mail _____ _____
Parent 1 Parent 2

Emergency Contact _____ Phone Number _____

Special Request for ONE person in my group / Leader _____
We will do our best to honor special requests for friends or leaders thru June 15th.

List ANY special needs we should be aware of (i.e. learning disabilities, illness, etc.)

_____

I will abide by the policies set by Faith Lutheran Church:

Parent Signature_____ Student Signature _____

For office Use Only:_____

Fee: $_____ Date Received:_____ Check #: _____ Received By:_____