

# 3<sup>rd</sup> Year Registration

Faith Lutheran Church

2010 - 2011

Registration \$100  
(includes fee for confirmation program,  
confirmation gown and picture)

\_\_\_ Please check here if you would like more information on scholarship assistance

## Student

\_\_\_\_\_ Grade Fall 2010 \_\_\_\_\_

First Middle Last  
(to be printed on Confirmation Certificate)

\_\_\_ Male \_\_\_ Female Name wishes to be called \_\_\_\_\_

## Address

\_\_\_\_\_ Street City Zip Code

Home Phone \_\_\_\_\_ School \_\_\_\_\_

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

Birth date \_\_\_\_\_ Baptism Date \_\_\_\_\_

(Confirmation Gown Info) Height \_\_\_\_\_ Weight \_\_\_\_\_

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 / Guide \_\_\_\_\_

*We will do our best to honor special requests for friends or guides thru June 15<sup>th</sup>*

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

\_\_\_\_\_

I will abide by policies set by Faith Lutheran:

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

For Office Use Only:

Fee: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Received By: \_\_\_\_\_