

2019-2020 Confirmation Student Registration Form

Grade in School 2019-2020 _____

School District _____

Registration Fee \$25.00 _____

Date _____

Student's Full Baptized Name _____

Home Address _____

Mailing Address, if different from above _____

Home Phone No. _____ Email address _____

Cell Phone No. _____ Text messages Y _____ N _____

Please indicate the best way to contact you: _____

Date of Birth _____ Place of Birth _____

Baptismal date _____ Not Baptized? _____

Name & Address of church baptized in _____

Has taken First Communion Instruction? Yes or No Receives Communion? _____

Name of Church received preparation for Communion? _____

Does student have any special learning needs? _____

Does student have any allergies or special medical concerns? _____

Names and ages of siblings _____

Please indicate names of friends attending confirmation. For group assignment, we will try our best to group students with their friends. _____

Father's name _____

Occupation _____

Address if different from student's

Member of Trinity yes/no

If member is elsewhere, what is the name & address of congregation?

Mother's name _____

Occupation _____

Address if different from student's

Member of Trinity yes/no

If membership is elsewhere, what is the name & address of congregation?

Confirmation Requirements I will attend worship on a regular basis. I am required to complete 16 sermon report forms during each year of my confirmation program (October-May).

(student's signature)

(parent's or guardian's signature)

Please note: Parental help is always needed. If you would like to volunteer to help with our Confirmation program and other youth activities, please check this box []. Name _____