2016 – 2017 Confirmation Student Registration Form

Grade in School 2016-2017 _____
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 message _____

Please indicate the <u>best way</u> 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 name 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 _____