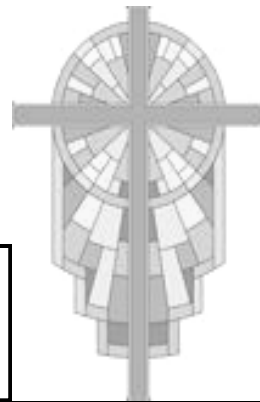


Lutheran Church of the Cross

2018-2019 Confirmation Registration Form

Please turn in form and check to the office



Confirmation Meets

Wednesdays from 7:30-8:20pm

\$30 per student

No family will be turned away due to finances

Hey Parents...
Join in and volunteer!
You'll be glad you did!

Your Name _____

_____ I am willing to be a Small Group Guide for Confirmation.

_____ I am willing to be a Substitute Small Group Guide.

Indicate grade you are willing to help _____

STUDENT INFORMATION (ONE FORM PER CONFIRMAND)

Student Name: _____

Gender: *(circle one)* Male or Female Year of confirmation: *(circle one)* 6th 7th 8th 9th

Birth Date: _____ Student's Phone #: _____

Primary Address: _____

Additional Info (allergies, special needs, etc.): _____

HOUSEHOLD INFORMATION

Parent/Guardian: _____ Phone #: _____

Email*: _____

Parent/Guardian: _____ Phone #: _____

Email*: _____

A majority of Confirmation communication will be shared via email. Be sure to include your email address!

Photo Release: Pictures may be taken of your child while at Lutheran Church of the Cross or church related events. Pictures, without names, may be posted at the church, on Facebook, on our website, or in publications. _____ I give Lutheran Church of the Cross permission to take and use my child's picture.
_____ I do not want my child's picture taken.

Signature

Date

Office use:
Date Received: _____ Amt. Paid: _____ Cash: _____ Check # _____