

# Lutheran Church of the Cross

## 2019-2020 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: \_\_\_\_\_

Year of confirmation: *(circle one)* 6th 7th 8th

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 # \_\_\_\_\_