

**ST. PAUL'S LUTHERAN CHURCH
CONFIRMATION REGISTRATION FORM
2010-2011**

STUDENT INFORMATION

Full Name: _____
Age: _____ **Grade:** _____ **Birthdate:** _____
Baptismal Date & Place: _____
School Name: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____
Address: _____
Home Phone: _____ **Work Phone:** _____
Email Address: _____

Father's Name: _____
Address: _____
Home Phone: _____ **Work Phone:** _____
Email Address: _____

I would be interested in volunteering by :
_____ **working in the kitchen set up (5-6:30)** _____ **clean up (6:30-8)** _____
_____ **chaperoning trips**

EMERGENCY INFORMATION

Emergency Contact : _____
Phone Number: _____ **Relationship:** _____

Medical Conditions/Allergy Information we should be aware of:

2010-2011 Permission Slip

This is a standard permission slip giving St. Paul's confirmation staff and mentors permission to bring your child on a service project or outing throughout the confirmation year. Your child will be supervised at all times by their mentor or the staff. If traveling in a vehicle, children will wear their own safety belt. Mentors or confirmation staff will contact parents prior to such an outing if it has not been part of the regular confirmation schedule for the year. By signing below you are giving your child permission to go on outings with his or her mentor group, supervised by a mentor or part of the confirmation staff on Wednesday nights or other special events that you have been notified of for the 2009-2010 Confirmation year.

Parent signature

Date

Do you give permission for St. Paul's Lutheran Church to publish pictures of your child in the newspaper or on the church website? () Yes () No

PARENTAL/GUARDIAN CONSENT RELEASE FORM

I give my child permission to ride in church arranged vehicles for St. Paul's Lutheran Church related activities and release St. Paul's Lutheran Church and the driver/owner of the vehicle from any damages which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of St. Paul's Lutheran Church to authorize medical treatment, surgery, or dental care to be given to our child as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

I understand that if our child misbehaves or is disruptive that we are responsible to pick them up from the event at any time. I, the undersigned, have read and understand the consent release authorization.

Parent signature

Date