

**Resurrection Lutheran Church, St. Joseph, MN
2019-2020 CONFIRMATION REGISTRATION**

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

CELL PHONE _____

PREFERRED NICK-NAME? _____ DATE OF BIRTH _____

SCHOOL AND GRADE _____

DATE OF BAPTISM _____ WHERE BAPTIZED? _____

FATHER'S NAME _____

CELL PHONE _____ E-MAIL _____

FATHER'S ADDRESS (if different from above) _____

MOTHER'S NAME _____

CELL PHONE _____ E-MAIL _____

MOTHER'S ADDRESS (if different from above) _____

What is your preferred method of contact? Phone _____ Cell _____ E-mail _____

MEDICAL INFORMATION:

ALLERGIES: _____

MEDICATIONS: _____

At times we hold events off the church grounds. If you so choose, please sign the "blanket permission slip" that allows your child to attend these events as well as to have pictures taken and shared.

My child has permission to attend any events related to the Confirmation Program or Youth Group that requires them to leave the church grounds. I am aware that I will need to relay any additional and pertinent health information to a Resurrection staff member.

SIGNED _____ DATE _____

(Parent or Guardian)

**If there is anything else I need to know about your child please use the back of this paper.