

Resurrection Lutheran Church, St. Joseph, Minnesota
2020-2021 CONFIRMATION REGISTRATION

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

PRIMARY HOME PHONE _____ CELL PHONE _____

IS STUDENT ALLOWED TO RECEIVE TEXT MESSAGES? _____

STUDENT'S E-MAIL _____

PREFERRED NICK-NAME? _____ DATE OF BIRTH _____

SCHOOL AND GRADE _____

DATE OF BAPTISM _____ WHERE BAPTIZED? _____

FATHER'S NAME _____

FATHER'S PHONE _____ CELL PHONE _____

E-MAIL _____

FATHER'S ADDRESS (if different from above) _____

MOTHER'S NAME _____

MOTHER'S PHONE _____ CELL PHONE _____

E-MAIL _____

MOTHER'S ADDRESS (if different from above) _____

MEDICAL INFORMATION:

ALLERGIES: _____

MEDICATIONS: _____

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

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.

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.

Fee of \$25.00 should be made out to RLC