

Resurrection Lutheran Church Confirmation Registration Form

Student's Name _____

Student's Address _____

Primary Home Phone _____ Cell Phone _____

Is Student Allowed to receive text messages? _____

Student's E-Mail _____

Preferred Nickname? _____ Date Of Birth _____

School And Grade _____

Date Of Baptism _____ Where Baptized? _____

Parent's Name _____

Parent's Phone _____ Cell Phone _____

E-Mail _____

Parent's Address (If different from Above) _____

Parent's Name _____

Parent's Phone _____ Cell Phone _____

E-Mail _____

Parent's Address (If different from above) _____

Medical Information:

Allergies: _____

Medications: _____

Additional Information _____

What is your preferred method of contact?

Phone _____ Cell _____ E-mail _____

Address Physical: 610 County Road 2 North, St. Joseph, MN 56374

Mail Address: P.O. Box 549, St. Joseph, MN 56374

Phone: 320-363-4232 **Email:** rlc@rlcstjoe.com

Signature _____ 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 *Resurrection Lutheran Church*. ***This is meant to be a donation only. No child will be turned away due to inability to pay.***

Blanket Permission Slip

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 during the allotted time frame.

Signature _____ Date _____

(Parent or Guardian)

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Phone: 320-363-4232 **Email:** rlc@rlcstjoe.com