



Resurrection Lutheran Church Confirmation Registration Form (Grades 7-9)

STUDENT INFORMATION

Student's Name _____
Address _____
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/GUARDIAN INFORMATION

Name of Parent/Guardian 1 _____
Cell Phone _____ E-mail _____
Address (If different from above) _____ _____
Preferred Method of Contact (circle one): Phone Text Email

Name of Parent/Guardian 2 (if applicable) _____
Cell Phone _____ E-mail _____
Address (If different from above) _____ _____

STUDENT MEDICAL INFORMATION

Allergies: _____
Medications: _____

Additional information (if any) you feel might be helpful for us to know about your child: _____

Parent/Guardian Signature _____ Date _____

A \$30.00 donation is requested to help cover the cost of curriculum. Checks can be made out to *Resurrection Lutheran Church*. ***This is meant to be a donation only. No student 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" below to allow your child to attend these events. You will be notified in advance of any such activity.

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. In addition, I give permission for RLC to use photos of my child for publication or promotional purposes, including church newsletter articles, social media, church website, or other forms of communication.

Parent/Guardian Signature _____ Date _____

Printed Name _____