



# 2016-17 Confirmation Program

## Lutheran Church of the Resurrection

Student's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Month Date Year

Home Address: \_\_\_\_\_  
Street City Zip

School: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student Cell # \_\_\_\_\_ Text? Yes\_\_ or No\_\_

Student Email: \_\_\_\_\_

Best time to reach Me (the student) at home? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time to reach Me (parent) at home/cell or work? \_\_\_\_\_

- I am interested in serving as a Small Group Guide—Please contact me with more information

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time to reach Me (parent) at home/cell/or work? \_\_\_\_\_

- I am interested in serving as a Small Group Guide—Please contact me with more information

Address (if different than above) \_\_\_\_\_

Please list anything you feel the Confirmation Team should be aware of (physical, emotional, or spiritual issues, family history, school & learning conditions) that would be a benefit to us as we relate to your child. Resurrection's Associate Pastor and your student's Confirmation Small Group Guide will receive a copy of this registration and release form. This information will be shared with other Resurrection Staff on a need to know basis only.

Please complete reverse side

