



CONFIRMATION REGISTRATION 2017 - 2018

FEE: \$155.00 / YEAR

STUDENT INFORMATION:

First Name:	Last Name:	Birthdate (MM/DD/YY):
Name of School:	Grade in 2017/2018:	Year in Confirmation: 1 st _____ 2 nd _____ 3 rd _____
Child's Home Address:	City:	Zip Code:

PARENT INFORMATION:

Mother's Full Name:	Mother's Cell Number: ()	Work Phone Number: ()
Father's Full Name:	Father's Cell Number: ()	Work Phone Number: ()
Primary E-Mail Address:	2nd E-Mail Address:	Home Phone Number: ()

HEALTH & EMERGENCY CONTACT INFORMATION:

Emergency Contact Person:	Primary Phone Number: ()	Relationship to Student:
Primary Health Insurance Co:	ID Number:	Phone Number: ()
Primary Doctor's Name:	Doctor's Phone Number: ()	Special Diet, Allergies, Restrictions:

As a parent/guardian, I give my permission for my child to participate in church events and authorize any medical treatment that may be necessary under the circumstances that I cannot be reached. I release Mount Calvary Lutheran Church of any liability. I understand that my child's participation in Youth Activities may include his/her photo being taken & used in the printed newsletter and/or on the church website, without names of youth listed. If I prefer to not have my children included, I will talk with my child about stepping out of picture opportunities and share this information with the Faith Formation Director. My child and I realize that while participating in church events, alcohol consumption, smoking/chewing tobacco, and inappropriate behavior are not allowed. If violated, the youth will call his/her parents and the parents will come to the activity and take the child home.

Parent/Guardian Signature: _____ Date: _____

MEMBERSHIP INFORMATION: _____ Member of Mount Calvary _____ I regard Mount Calvary as my church home

_____ Please contact me about membership at Mount Calvary _____ We attend _____ (Congregation Name)

PAYMENT INFORMATION: (office use only)

Credit Card 4-Digits _____ OR Check No. _____ Amt: _____ Date Paid: _____

_____ A scholarship would be helpful to my family. Please contact me at _____