



CONFIRMATION REGISTRATION 2018 - 2019
FEE: \$155.00 / YEAR

STUDENT INFORMATION:

First Name:	Last Name:	Birthdate (MM/DD/YY):
Name of School:	Grade in 2018/2019:	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: ()	Student Cell Number (optional): ()
Father's Full Name:	Father's Cell Number: ()	
Primary E-Mail Address:	2nd E-Mail Address:	Special Diet, Allergies, Restrictions:

HEALTH & EMERGENCY INFORMATION:

As a parent or legal guardian, I give permission for my child to participate in church events including overnight retreats. I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental or medical care treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment. 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 and used in church media, without names of children 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 church staff.

My child and I realize that while participating in church events the use of alcohol, tobacco, drugs, and inappropriate behavior are not allowed. If violated, the child will immediately 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 _____