St. Paul's Lutheran Confirmation Registration Form

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Student's name_____ **Grade** _____
(Last) (First)
Date of Birth _____ **Phone number** _____

Student's name_____ **Grade** _____
(Last) (First)
Date of Birth _____ **Phone number** _____

Student's name_____ **Grade** _____
(Last) (First)
Date of Birth _____ **Phone number** _____

Parent's/Guardian's names _____

Address:_____ City_____ State _____Zip _____

Phone: _____ Cell: _____ Cell: _____

Home email address _____

Emergency contact (name & phone) _____

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a St. Paul's Lutheran Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with St. Paul's Lutheran Church Sunday School, when I or my emergency contact is unavailable to give such consent.

I, the undersigned parent or guardians, do hereby: give permission _____
do not give permission _____, for the above child(ren)'s photo to be used for St. Paul's Lutheran Church publicity purposes including the website.

Signature of Parent or Guardian: _____Date _____

We have read the confirmation requirements and understand that these items will need to be fulfilled to complete confirmation at. St. Paul's Lutheran Church.

_____ _____
Parent(s) signature Date

_____ _____
Student(s) signature Date