

Confirmation Registration and Covenant 2018-2019

There is a yearly \$35.00 per student fee to cover the cost of programming

Students Name: _____ Birth Date: _____

Grade: _____ Date of Baptism: _____ School Attending: _____

Parent / Guardian Name: _____

Address: _____

Home Phone #: _____ Parent Cell Phone #: _____

Most communications during the year will be sent by email. Please list below email addresses where you would like to receive updates and notices.

Parent email: _____

Student email: _____

STUDENT EXPECTATIONS AND COVENANT

- ~Attend all of the scheduled Wednesday evening Confirmation classes and Worship Services.
- ~Treat your leaders and all Confirmation members with Christian love and respect.
- ~Participate in activities and complete all assigned work.
- ~Perform a minimum of 2 service projects outside of class each year.

IF YOU AND YOUR CHILD AGREE THAT WITH THE HELP OF THE HOLY SPIRIT, YOU WILL FOLLOW THE EXPECTATIONS AND COVENANTS LISTED TO THE LEFT PLEASE TAKE TIME TO SIGN BELOW:

STUDENT: _____

DATE: _____

PARENT: _____

DATE: _____

During activities your child participates in we may take pictures to publish. If you would **not** like your child's pictures used in publications, please initial on this line. _____

VOLUNTEER OPPORTUNITIES

_____ * I would be willing to teach or co-teach a small group for Confirmation.

_____ * I would like to volunteer as a chaperone for lock-ins and other activities the Confirmation

*If more than one person from your family is volunteering, please indicate the name of the person who is volunteering next to each volunteer position that is checked. *The fee for the child's classroom that you teach in will be waived.*

Parent/Guardian Consent Form 2018-2019

I, _____, am the parent or legal guardian of the child(ren) listed below, and I am informed of the activities offered by Our Savior's Lutheran Church located at 1207 Prairie Avenue in the city of Faribault, County of Rice, and State of Minnesota, beginning on the day of August 1, 2018 and ending on the day of July 31, 2019.

As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all on site activities provided by Our Savior's Lutheran Church.

Signature of Parent or Guardian

Additional Information: _____

Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, _____ am the parent or legal guardian of the below named child(ren). 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 for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child(ren), I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person is required by law.

(Signature of Parent or Guardian) (Date)

The information below must only be filled out for all students enrolled in programming at Our Savior's Lutheran Church. Child's Name Birth date Allergies/Medications (Attach an explanation if necessary.)

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Preferred Hospital _____

Health Insurance Company and pertinent subscriber number _____

Please list any Activities that your child should not participate in: _____

During activities your child participates in we may take pictures to publish. If you would **not** like your child's pictures used in publications, please initial on this line. _____