

Confirmation

REGISTRATION AND COVENANT 2011 – 2012



Name: _____ Birth Date: _____
Grade: _____ School Attending: _____
Date of Baptism: _____ Phone #: _____ Cell Phone #: _____
Parent / Guardian Name: _____
Address: _____

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

Parent: _____
Student: _____

Mentor Name: _____ Mentor Phone #: _____
Mentor Address: _____

Any Special Requirements or Requests: _____

MEDICAL AND INSURANCE INFORMATION

Family Physician: _____ Phone #: _____
Insurance Company: _____ Policy #: _____
Allergies: _____ Date of Last Tetanus Shot: _____
Present Medications: _____
Any Other Medical Issues: _____

For all Our Savior's Activities in 2010-2011: I hereby consent for my child to participate in all activities provided, including those that may take place off-site (service events or other special activities). In the event that my child becomes ill or injured and I cannot be reached by phone, I give permission for a physician to give necessary emergency treatment, including surgery.

Parent/Guardian Signature: _____ Date: _____

STUDENT EXPECTATIONS AND COVENANT

1. Attend all of the scheduled Wednesday evening Confirmation classes.
2. Treat your leaders and all Confirmation members with Christian love and respect.
3. Participate in activities and complete all assigned work.
4. Attend weekly worship services (a minimum of 25 each year).
5. Perform a minimum of 2 service projects outside of class each year.

With the help of the Holy Spirit, I agree to carry out this Covenant:

Student Signature: _____ Date: _____

Please include a registration fee of \$25 if you were not registered last year.