

CONFIRMATION REGISTRATION FORM

Name: _____
Address: _____
Phone: _____ e-mail _____
Age: _____ Grade: _____ School in fall: _____
Parent(s)/guardian(s) name: _____
Phone number(s), if different from above: _____
Parent email, if different from above _____
Name of supporting person if other than the above: _____
Phone number(s), if different from above: _____

Birth Date: _____ Place: _____
Baptism Date: _____ Place: _____
If not yet baptized, would you like to be baptized? _____

As a participant in the confirmation program, I agree to be respectful of the leaders and others in the program, through my actions, my words and my attitude.

Signature of young person: _____

HOW YOU AS A PARENT CAN HELP.....

We need adults who care about young people and are able/willing to help in order to make this program succeed.

As a supportive adult/parent, I am willing to be a part of my young person's confirmation program by:

- Possibly helping to chaperone/drive for one or more of the fun activities for the youth
- Praying for my young person
- Encouraging my young person's participation in the program
- Faithfully attending the Sunday Morning Parent Class

. Signature of Parent(s)/supportive adult _____
