

Confirmation Student Registration 2010-2011

Please complete in ink

Confirmation Student _____ Nick Name _____

Grade _____ School _____

Birth Date _____ Which worship service do you usually attend? _____

Address _____

(complete w/ zip code)

Phone Number _____ Is this number unpublished? _____

Email address _____ How often do you check e-mail? _____

(Please note: St. John will use the email address provided for Confirmation-related group communications)

Hobbies and interests: _____

Extracurricular activities (sports, clubs, organizations) _____

Names of confirmation student(s) you would like to be paired with in a small group (same grade):

****No guarantees*** _____

~~~~~ Parent Section ~~~~~

Parents' names \_\_\_\_\_

Home phone number \_\_\_\_\_

Work phone number \_\_\_\_\_ for \_\_\_\_\_

Work phone number \_\_\_\_\_ for \_\_\_\_\_

(phone numbers not for publication, for office use only; use back of form if more space needed)

Email address \_\_\_\_\_ How often do you check e-mail? \_\_\_\_\_

**(Please note: St. John will use the email address provided for Confirmation-related group communications)**

Is there anything about your child you would like to share so that we may better work with your child?

\_\_\_\_\_ (if yes, use the back of the form to explain)

What religious background has your child had?

Has your child been baptized? \_\_\_\_\_ Does your child currently receive communion? \_\_\_\_\_

How are you available to assist St. John Confirmation Ministry?

**(i.e., planning, driving, making phone calls, small group guide, assist with events, etc.)**

**EMERGENCY CONTACT INFORMATION for Wednesday Nights**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Additonal contact person \_\_\_\_\_ Phone # \_\_\_\_\_