Registration/Permission form for Confirmation Students

Name of Student _____

Address _____

Phone _____ Age _____

Grade _____ School Attending _____

Allergies/Medical Condition _____

Insurance Company _____
ID # _____ Group # _____
Expiration Date _____

Parent/Guardian _____
Address (if different from above) _____
Phone (if different from above) _____

Work # _____ and/or CELL # _____

Emergency Contact Person _____ Phone _____

Areas I will be able to help with for Confirmation:
Parent Volunteer _____
Confirmation Guide _____

Permission Slip

I give my Permission for my child, _____, to participate in fellowship and servant events. I understand all of the events may not be on the church property. I will be notified of the event and the location prior to the event. I authorize, in case of an emergency and I am unable to be reached, permission for a representative of St. Matthew Lutheran Church to seek the closest emergency treatment facility if my child, _____, is in need of care.

Signature _____

Date _____

Rev. 8/2012

Reaffirmation of Promise

Letter of Call to the Family of _____,

I agree according to the Baptismal promise I gave to bring up my/our child in the knowledge of God and to present to him/her the Word of God; to support our child in attending worship, Sunday School , Confirmation classes and read the Bible verse of the day as a devotional time with my/our child.

With this statement I/we agree that _____ and _____
(parent) *(parent)*

Will attend worship at least 3 out of 4 Sundays per month.

Will attend Sunday School at least 3 out of 4 Sundays a month.

Will attend all Confirmation classes, retreats and their Confirmation related activities.

I _____ agree with the help and support of my parents I will:
(student)

Will attend worship at least 3 out of 4 Sundays per month.

Will attend Sunday School at least 3 out of 4 Sundays a month.

Will attend all Confirmation classes, retreats and other Confirmation related activities.

Will read the Bible verse of the day as a form of devotional time.

May God bless you as you begin the 2013-2014 Confirmation year and with God's help; keep all the promises you have made.

St. Matthew Lutheran Church
Parental Permission Slip

Youth Name _____

Address _____

_____

Phone _____

Birthday _____ Grade _____

Can you, the parent/guardian, be reached at the above number during the time your child will be gone? _____ If not, where can we reach you? _____

Address _____ Phone _____

In case of emergency, if you cannot be reached, whom should we contact?

Name _____ Phone _____

Does your child have any health problems we should be aware of? (asthma, allergies, diabetes, heart condition, etc.) If so:

1. Name _____
2. Treatment _____
3. Dosage _____
4. Time to take _____
5. Special instructions _____

Health Insurance Company _____
Policy/Group Number _____

I _____ grant _____ from St. Matthew
(parent) (counselor)
Lutheran Church, permission to authorize medical treatment to _____
(youth)
in case of emergency.

_____ _____
Parent Signature Date

Come, Enjoy, and Have a Great Time!