



Affirm Confirmation Registration (2016)
St. James Lutheran Church
Grades 9 and above

Today's Date: _____

PLEASE FILL OUT ONE REGISTRATION FORM PER PERSON!

Affirm Confirmation

Tuition Cost: \$35.00

Please make checks to St. James Lutheran Church

☐ Please send me scholarship information

Student Information

Student's Full Name (First, Middle & Last) _____ Grade: _____

Gender: M F (circle one) Birthday _____ Age _____ School Attending _____

Email _____ Cell Phone _____

Extracurricular Activities (please list season of year & time commitment) _____

Mother/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Email Address _____ Cell Phone (____) _____

Father/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Email Address _____ Cell Phone (____) _____

Alternative Contact in Case of Emergency:

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Parent Support

Parents play a vital role in their child's spiritual development. We will need parent support to organize and prepare for the confirmation ceremony, snacks and transportation for the Affirm Seminar. We would like your help with the following areas. Please indicate the areas you are willing to serve.

Check all
that apply:

_____ I will help prep for the confirmation celebration

_____ I will provide snacks/food for gatherings

Please complete the back of this form

Parent/Guardian Section:

Medical Information

I authorize my son/daughter to participate in all St. James' Confirmation activities (small group, large group, retreats, service projects, etc). I understand the risks of injury inherent to the activity in which my child is participating. I understand that in the event of an emergency, staff and volunteers will take appropriate steps to ensure my child's safety. If necessary, 911 will be called and I will be notified of the emergency. I give permission for medical treatment to be obtained and administered to my child if necessary. I agree to reimburse the church, its pastors, staff, leaders or chaperones for any costs they incur while seeking medical treatment for my child.

Insurance Company: _____

Policy Number: _____

Family Physician: _____

Clinic Name: _____

Phone Number: (____) _____

Health Info:

Allergies: _____

Medications Currently Taking or uses Periodically: _____

Medical Issues, emotional or learning issues or special needs of your child: _____

Would you like to be contacted regarding your child's special needs? ☐ Yes ☐ No

Is there anything you would like us to know to help make your child's education a safe and positive one? _____

Consent & Authorizations

I have read and agree with the expectations of St. James' Confirmation Ministry and will support the church in administering appropriate consequences if necessary.

I **Do/Do not (circle one)** give permission for any pictures taken of my child to be used in St. James Lutheran Church Publications (website, newsletter and other church publications). Names will not be used without additional permission.

Parent or Guardian Signature: _____

Parent/Guardian Name: _____ Date: _____

☐ I am interested in a Bible Study/Small Group during the time when my child is involved with Affirm.

Student Section

Covenant

I understand the core values of the Confirmation ministry. I agree to abide by and follow the expectations. I understand that behaviors that break the covenant may result in my being sent home at my parent's expense.

Student's Signature: _____ Date: _____

Mail this form and your tuition to :

St. James Lutheran Church
6700 46th Place North,
Crystal, MN 55428