



**CrossWalk Confirmation Registration (2016-2017)**  
 St. James Lutheran Church  
 Grades 6-8 (fall of 2016)

Today's Date: \_\_\_\_\_

**PLEASE FILL OUT ONE REGISTRATION FORM PER PERSON!**

**6th-8th Grade** (Wednesday Evenings 6:00-8:00pm) Tuition Cost: \$85.00\*  
 Small Group leaders are discounted one Tuition fee. Please make checks out 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. Every parent is encouraged to participate on a regular basis with *CrossWalk*. **Parents are highly encouraged to attend CrossWalk with their family.** There are simultaneous groups for all ages happening on Wednesday nights. In addition there are opportunities to serve, such as: leading/co-leading small groups\*, substituting for a small group leader, helping with meal prep/clean up, chaperoning retreats, providing transportation (as needed).

\*Small Group leaders receive one free tuition per year.

Check all that apply:

- \_\_\_\_\_ I will lead/co-lead a small group
- \_\_\_\_\_ I will substitute for a small group
- \_\_\_\_\_ I will coordinate Wednesday meals
- \_\_\_\_\_ I will chaperone events
- \_\_\_\_\_ I will provide transportation
- \_\_\_\_\_ I will set/up and clean up Wed meals

**Please complete the back of this form**

## Parent/Guardian Section:

### Medical Information

I authorize my son/daughter to participate in all St. James's 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's 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 in confirmation.

## 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**