

# here we stand

9th Grade Confirmation Orientation  
August 31, 2011  
7:30 – 8:00



Welcome



Opening Prayer



Overview of Schedule/Calendar, p.2



Overview of Expectations, p.3



Overview of Costs/Ultimate Reward, p.4



Forms: Covenant, Registration, Releases



Questions/ Comments

# here we stand

## Schedule/Calendar



### Schedule:

Congratulations, you're in the home stretch for Confirmation. Your schedule only includes 6 required classes plus the Service of Confirmation. Your class will meet on Sunday morning during the 957 timeslot, which coincidentally starts at 9:57 a.m. and will end by 10:45. During this time you will be reviewing what it means to be a Christian, a Lutheran, and will be preparing your faith statements. If you can attend all 6 classes you won't have homework! Classes begin on September 11. Confirmation will be at the 8:45 service on Sunday October 23. Pictures will be taken immediately following worship that morning, so don't rush off! There will be a celebration brunch for the whole church following the worship service.

You are invited to attend any and all special events on the Confirmation calendar, especially the *Kick It Kick Off*, *ValleyScare*, and *Moonlight Madness*.

After you have been confirmed, please check out our fabulous high school youth events!



### Calendar:

Please see attached calendar for specific dates, topics, and events.

#### *Event descriptions:*

\*Kick It Kick Off: Hip Hop artist Agape will help jumpstart our fall activities. Open to all youth. Cost covered in registration fee.

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## Expectations



It is expected that 9<sup>th</sup> grade confirmation students ...

- \*will diligently strive to seek the Lord
- \*will respect and love one another as children of God
- \*will attend all scheduled classes and events unless excused prior to the event
- \*will regularly attend worship and 957
- \*will arrange with Pastor Jill an alternative if unable to complete requirements



It is expected that all 9<sup>th</sup> grade confirmation parents/guardians...

- \*will diligently strive to seek the Lord
- \*will respect and love one another as children of God
- \*will regularly attend worship
- \*will support and encourage their children
- \*will take responsibility for the success of the program by volunteering according to leadership needs.

# here we stand

## Costs



The cost for educational materials (including robes, flowers, and brunch on Confirmation Day) and everything required in this packet will be covered by the \$65 per student registration fee. Ninth grade students are not required to attend events outside of Sunday mornings but they are welcome at everything. Concerts, especially, might be fun to attend. Optional events like ValleyScare and Moonlight Madness require extra funding.

## Ultimate Reward (Goal) – Philippians 3:10-11



So why do we strive and suffer and accept the costs of the Confirmation program? We do this because we believe that what Jesus has to offer us is far more precious than anything we can offer in return. We know that our lives cost Jesus his life and out of our love for him and our desire to get close to him, we will study and grow in our faith together.

As Paul wrote to the believers in Philippi,

*"I want to know Christ and the power of his resurrection and the fellowship of sharing in his sufferings, becoming like him in his death, and so, somehow, to attain to the resurrection from the dead."*

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## Confirmation Covenant



We at St. James feel honored to finish the process of bringing you into the adult membership of our congregation. We take very seriously the blessing and the responsibility of calling ourselves "Christian" and "Lutheran". We are excited to walk with you into the confirmation of your faith, the affirmation of your baptism, and to see what God is going to do through you.

Keep in mind that nobody "requires" this of you. It is a choice you and your parents/guardians are making to grow in your spiritual development. This is an exciting time not only for you but for your fellow classmates and adult leaders. Thank you for inviting us into your journey.

In order to use our time together as meaningfully as possible, it is important that we agree to certain criteria that will benefit individuals as well as the group. The following criteria will guide our confirmation program:

- Students and family will seek to grow closer to Christ.
- Students and family will worship together weekly with the Body of Christ.
- Parents/guardians will bring students to Sunday education opportunities.
- Students will begin to assume certain leadership roles in the congregation including but not limited to: help in worship, help in the education of other students, help in the greater ministry of the congregation.
- In the event that an absence is necessary, contact will be made with Pastor Jill prior to the absence and an alternative will be agreed upon.
- In every way, we will strive to build up one another in Christ.

If you agree to do your very best to support the program and strive to accomplish our ultimate goal together, please sign this covenant.

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Student signature

Date

---

Parent/guardian signature

Date

**St. James Lutheran Church**  
**Medical Information & Consent Form**  
September 2011– September 2012

*Dear Parent/Guardian:*

*In keeping with St. James' Protect Our Children policy, it is necessary for us to have a signed Consent Form and Medical Information Form on file for each youth in grade 6 or older. This enables us to give older children and teen-agers greater independence than our policy permits younger children. Of course, we will still use discretion in planning youth activities and do everything in our power to keep your child safe and healthy. Please read the following carefully, sign and date. Then turn this sheet over and fill out the Medical Information Form completely.*

**CONSENT FOR ON-SITE ACTIVITIES**

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, consent to his/her participation in activities at St. James Lutheran Church. This includes regularly scheduled Youth & Family Ministry activities, such as Sunday School, Bible studies, music rehearsals, and Confirmation classes, as well as non-scheduled activities, meetings, projects and events. I recognize that on occasion he/she might be alone with a staff member or adult volunteer, or in a group of youth under the supervision of one staff member or adult volunteer, and fully accept any attendant risks. I further agree to hold St. James, its employees and representatives blameless from any liability that might relate to the transportation of my child to or from St. James by myself or some other driver, or from my child choosing to walk or bike to or from St. James.

**CONSENT FOR OFF-SITE ACTIVITIES**

I authorize my child's participation in off-site activities as part of regular Youth & Family Ministry programming at St. James Lutheran Church. This includes permission for him/her to be transported to and from off-site activities in the company of other youth in a vehicle driven by an adult employee or volunteer. With the understanding that St. James' staff and volunteers will do everything in their power to keep my child safe from harm, I recognize that off-site activities might represent the risk of accidental injury or death to the participant, and agree to hold St. James, its employees and representatives blameless from all liability pursuant to situations beyond their control that do not result from negligence. In the case of emergency, if I cannot be contacted, I hereby give permission to the physician selected by St. James Lutheran Church to hospitalize, secure treatment for and order injection, anesthesia or surgery for my child. Finally, I agree to hold St. James, its employees and representatives blameless from any and all liability resulting from inappropriate conduct by the participant.

**CONSENT FOR PHOTO PUBLICATIONS**

Finally, I understand that unless I provide separate written notice, photos taken of my child at St. James Lutheran Church or at off-site church activities may be used for church-approved publications, including the church web-site. I further understand that St. James Lutheran Church will NOT publish my child’s name in conjunction with photos in any St. James publication without obtaining my written authorization in advance.

**CONSENT FOR PRAYERMARKS**

A new ministry St. James will be starting this fall will be to match individual children in our programs with an adult who will pray for them on a regular basis. To keep the child foremost on their prayer list, we will make Prayermarks. A Prayermark is like a bookmark with a child’s picture, first name, and age on it that a person can place in their Bible or on their fridge. Participation is completely voluntary. All participating adults must complete a background check and Protect Our Children training.

\_\_\_ *I agree to allow St. James to match your child with an adult member of the congregation in this way.*

\_\_\_ *Please do not include my child in this program.*

*Signature of Parent/Guardian:*

\_\_\_\_\_ *Date:* \_\_\_\_\_

## Medical Information

### Participant:

\_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_, MN Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Parent(s)/Guardian(s):

\_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_, MN Zip: \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

List any food, drug, or other allergies that your child has:

List any activity restrictions and/or medications that your child is on:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**St. James Lutheran Church  
Confirmation Registration Form  
2011-2012  
Grade 9**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Is there anything I should know about your child that would enhance their learning experience?  
*(i.e. learning disabilities, strong visual learner, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sign up email addresses to receive critical information and updates.**

Whose Account                      Email address

Parent/guardian:

\_\_\_\_\_

Student:

\_\_\_\_\_

*There is a \$65 registration fee to cover both Sunday and Wednesday components of Confirmation. If your family would like to request a scholarship, please contact Pastor Jill (763-537-3653 or [jbergman@stjamesincrystal.org](mailto:jbergman@stjamesincrystal.org))*

Paid \_\_\_\_\_ Check # \_\_\_\_\_

