



St James Lutheran Confirmation Registration 2019-2020

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

PLEASE FILL OUT ONE REGISTRATION FORM PER PERSON!

Tuition cost: \$80. Please make checks payable to St. James Lutheran Church

Please send me scholarship information

Student Information

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

Grade _____ Birthday _____ Age _____

School attending _____

Email _____ Cell _____

Extracurricular Activities (pleas list season of year and time commitment) _____

Mother/Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ Cell _____

Email _____

Father/Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ Cell _____

Email _____

Parent Support

Parents play a vital role in their child's spiritual development. We will need parent support for small group, chaperoning events, and transportation. Above all, please share in conversations with your child about their faith, and your own, and pray for them.

Medical Information

I authorize my child 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:** _____

Student Covenant

I understand the core values of mutual respect, shared learning, and encouragement shared by all in our confirmation ministry. I agree to abide by and follow the expectations of my leaders. I understand that behaviors that break the covenant will result in consequences.

Student Signature: _____ Date: _____