

INFORMATION FORM
Confirmation Class

COMPLETE AND RETURN FORM BY AUGUST 23

Confirmand Name: _____ **Cell Phone:** _____
(First) (Middle) (Last)

Address: _____ **E-Mail** _____

Date of Birth _____ **Baptized? Yes** ___ **No** ___ **Church** _____

Mother's Name _____ **E-Mail Address** _____ **Cell phone** _____

Mother's Address _____

Mother's Home Phone _____ **Mother's Work Phone** _____ **Emergency#/Name** _____

Father's Name _____ **E-Mail Address** _____ **Cell Phone** _____

Father's Address _____

Father's Home Phone _____ **Father's Work Phone** _____ **Emergency#/Name** _____

Mother's Church Affiliation _____

Father's Church Affiliation _____

School&District Attending _____ **Grade** _____

School Activities _____

Other Hobbies/Interests _____

Special Needs (Learning, physical, medical, schedule, etc.)

Allergies _____

Taking Prescription Medications? ___ Yes ___ No **If yes, please list:** _____

Parents: Please initial to give consent.

_____ **I give Pastor Kris and the teaching team permission to take pictures of my child at events and use them for display in the church and on our website or facebook page.**

Contact information will be used for mailings and communications regarding confirmation, youth group, and church matters.
All information on this form will remain confidential.