

**INFORMATION FORM**  
**Confirmation Class**

**COMPLETE AND RETURN FORM BY AUGUST 26**

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 Kayli 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.