

INFORMATION FORM
Confirmation Class

COMPLETE AND RETURN FORM BY AUGUST 25

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.