



Lutheran Memorial Confirmation Registration Form

Please return this registration form to the church office or email to Tami Steffensen at tsteffensen@lutheranmemorial.org. This form can also be found on our website at lutheranmemorial.org under the CONNECT tab.

Confirmation Ministry Covenant

For Parents/Guardians and their Confirmation Students

A Covenant is a promise. Throughout the bible God has made covenants with us as we endeavor to be God's faithful people. This covenant is intended to help you and your student with an understanding of what we hope to accomplish in Confirmation.

Mission

Our Mission is to provide a space that is safe; physically, emotionally, mentally and spiritually, so that students can know, live and grow in their faith.

Guidelines

Following are the overall guidelines for those participating in Confirmation at Lutheran Memorial Church:

SHOW RESPECT – for yourself, for other students, for your Confirmation guide.

COME PREPARED – bring your Bible each week

MAKE YOUR BEST EFFORT – participate in the activities that are offered.

Parents

Know your student's schedule. Worship begins at 6:15pm. Worship is a required part of Confirmation. Plan to attend worship with your child. If you are unable to attend worship with your child, your child is expected to sit with their Confirmation guide. If your child brings a friend, they are required to check in at the beginning Confirmation class, right after worship, with their Confirmation guide. Confirmation ends at 8:00pm. Students may be picked up in front of the church.

Family involvement is an important aspect of faith development. We hope that you will share your faith with your children at home and talk about what your student learned.

Thank you for your partnership and your help in equipping your youth in growing their faith.

Parent/Guardian Signature _____ Date _____

Confirmation Student Signature _____ Date _____

I give permission for my child to participate in any activity planned for Confirmation. I give permission for my child to be taken to the doctor or hospital and authorize medical treatment if needed.

Parent/Guardian Signature _____ Date _____

I willingly agree to allow Lutheran Memorial Church to publish photographs and/or videos of my child for advertising purposes in all forms of media.

Parent/Guardian Signature _____ Date _____

Continued on next page!

Confirmation Student Info

Child's Name _____ Date of Birth _____

Age _____ Grade ('19 -'20 school year) _____ Member of LMC Yes ____ No ____

If not a member, are you interested in joining? Yes! _____ No _____

Allergies or special needs we need to be aware of: _____

Parents/Guardians _____ Home Phone # _____

Address _____

Mom's Work # _____ Mom's Cell # _____

Dad's Work # _____ Dad's Cell # _____

Email address to use for Confirmation related communications _____

Additional contact person and phone # in case of emergency _____