

# **Bethany Lutheran**

## **Confirmation Registration 2016-2017**

(Fill out and return to Pastor Paul at your earliest convenience)

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

2016-2017 Grade Level: \_\_\_\_\_

Primary Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact Cell #: \_\_\_\_\_

Emergency Contact Home #: \_\_\_\_\_

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Does your student have any medical concerns or do they take meds that Bethany needs to be aware of?  
If so, list below.

Does your student have allergies (food or otherwise) Bethany needs to be aware of? If so, list below.

Does your student have any special behavioral issues Bethany needs to be aware of? If so, please explain.

What do you hope your student gets out of Confirmation?

Other Comments/Questions/Concerns:

I would like to learn more about being a Confirmation Guide (see enclosed Q&A).    Yes                  No

My student is involved in outside activities that will likely take him/her out of Confirmation five or more times during the year.    Yes                  No

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_