



7th Grade Student and Parent Confirmation Ministry Registration

Prairie Lutheran Church
2018-2019

Student's Full Name _____

Prefers to be called _____

Parent(s) Name(s) _____

Street Address _____

City _____ Zip _____

Grade in school ('18-'19) _____ School attending _____

Preferred Email _____

Additional Email _____

Best Phone _____ - _____ - _____ Who? _____
Area code

Other Phone _____ - _____ - _____ Who? _____

Emergency contact _____ Phone _____

Students' Date of Birth ____/____/____ Baptismal Date ____/____/____

Student lives with: Both parents / Mother / Father / Other: _____

Students' food or other allergies _____

Student's special needs or other concerns of which the leaders should be aware:

Parental Pledge

I understand and accept the role of primary nurturer of my child's spiritual growth. I acknowledge the church's role as one of supporter and provider of resources for a broader community base to help encourage my child's spiritual growth. I pledge to partner with Prairie Lutheran Church ministries through prayer and active involvement.

I hereby give permission for this child to attend and participate in this ministry on the property of Prairie Lutheran Church. I authorize and consent to basic First Aid treatment to be performed for my child by staff and volunteers, and CPR to be performed by trained staff without holding PLC volunteers or staff liable. I understand that staff will contact me as soon as possible in the event of an emergency, whether or not I am in the building. By registering for this ministry, I understand and authorize that pictures of my child may be used unless I express otherwise in writing.

Parent or Guardian's Signature _____ Date _____

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Please complete the form and return with your check (Memo: Confirmation):

Prairie Lutheran Church, 11000 Blossom Road, Eden Prairie, MN 55347 952-829-0525

Fees: Mark all that apply:

\$   30   Confirmation Registration Fee, \$30

\$   15   Student Bible, \$15 (Recommended for all 7<sup>th</sup> gr.)

\$        Adult NIV Bible, \$15 Optional

\$        Total enclosed

For office use:

Date received: \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Entered \_\_\_\_\_ Initials \_\_\_\_\_