

**Pre-Confirmation & Confirmation Registration 2018-2019**

**Welcoming Children 5<sup>th</sup> through 8<sup>th</sup> Grade**

(Pre-confirmation grades 5<sup>th</sup> and 6<sup>th</sup>, Confirmation grades 7<sup>th</sup> and 8<sup>th</sup>)



ST. MARTIN'S  
Lutheran Church

**Please print the required information below.**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Level as of 9/1/18: \_\_\_\_\_ Age as of 9/1/18: \_\_\_\_\_

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

Parent(s)/Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

**Parent:** I am willing to serve as a communion assistant on Sundays when my child is scheduled to serve as acolyte or Jr. usher. Yes \_\_\_\_\_ No \_\_\_\_\_

I am willing to serve as a co-teacher for my child's class. Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** There is no fee for your child(ren) to attend pre-confirmation or confirmation. Free-will donations are accepted.

**Medical Release**

This section must be signed by a parent or guardian.

Allergies: \_\_\_\_\_

Emergency Medical Conditions: \_\_\_\_\_

Emergency Medications: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_

Insurance Carrier & Policy Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**My son/daughter has permission to engage in all activities at St. Martin's Lutheran Church and related offsite activities. In the event that I can't be reached in an emergency, I hereby give permission to the Pastor and/or Group Leader(s) to secure proper treatment for my child named above. I will assume the medical and accident costs of our child, named above, in the event that such a situation occurs.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_