

**Confirmation Registration Form**  
**Fox Point Lutheran Church**

*This information will be kept on file over the duration of the student's time in the Fox Point Lutheran Church Confirmation program (7th and 8th grade). Please notify us if any of the information changes.*

**Today's Date** \_\_\_\_\_

**Confirmand Information:**

Confirmand's Full Name                      Nickname                      Birth Date                      Grade                      Gender

--	--	--	--	--

Confirmand's School \_\_\_\_\_

Confirmand's Date of Baptism (month and year) \_\_\_\_\_

Confirmand's Place of Baptism (name of church and town) \_\_\_\_\_

Has the confirmand received First Communion Instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? (name of church) \_\_\_\_\_

Acolyting: 7th and 8th grade students acolyte at the 9:00am and 10:30am services on Sunday mornings. This is part of our requirements for completing the Rite of Confirmation. Your student will receive more information on this at our first Confirmation Workshop.

*Which service would you prefer?* 9:00am \_\_\_\_\_ 10:30am \_\_\_\_\_ Either one is fine \_\_\_\_\_

---

**Parent/Guardian Information:** *(please include information for all parents or guardians)*

Parent/Guardian \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

**Parents:** We would love your help! Please indicate name of parent who would like to help!

\_\_\_\_\_ Confirmation Small Group Leader (Wednesday nights in fall/spring)

\_\_\_\_\_ Retreat Chaperone (Sat-Sun Overnight Retreat, occasional)

\_\_\_\_\_ Finding out more about these opportunities. Please contact me!

**All registration forms should be dropped off or mailed to our church office:**  
**Attention: Lisa Berdelman, Fox Point Lutheran Church,**  
**7510 N Santa Monica Blvd, Fox Point, WI 53217**

Permission Slip/Medical Information  
Confirmation 2017-2018  
Fox Point Lutheran Church

*This information will be kept on file from September 1, 2017-August 31, 2018.*

I, the Parent/Guardian of \_\_\_\_\_(child's name)

Child DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2017/2018 School Grade \_\_\_\_\_

Hereby give my approval to his/her participation in any and all activities of Fox Point Lutheran Church during the period of September 1, 2017 through August 31, 2018. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, and indemnify the church, its servants, and participants, as well as transporting the above named child to and from related activities, for any injury or action resulting in a medical claim. I also give the physician/hospital selected by the program supervisor permission to secure proper treatment for my child, should it become necessary. I also assume responsibility of all medical expenses incurred. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

***\*\*Please circle the preferred contact number\*\****

Father's Name: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_

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

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

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Special Medical Conditions: \_\_\_\_\_

Medications (instructions/dosages): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

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

**All registration forms should be dropped off or mailed to our church office:**

**Attention: Lisa Berdelman  
Fox Point Lutheran Church  
7510 N Santa Monica Blvd  
Fox Point, WI 53217**