



**CONFIRMATION PROGRAM 2016-2017
REGISTRATION**

STUDENT: _____
Please provide **FULL** Name of Youth (**COMPLETE** first name, **COMPLETE** middle name, last name)

Date of Birth: _____ **School:** _____ **Grade:** _____

Parents Name(s): _____

Address: _____

Home Telephone: _____

Parent Cell Phone(s): _____

Do You (Parents) Text? Y ___ N ___

Parent Email: _____

2nd Email: _____

Has this youth already been baptized? _____

If so, what church? _____ **What denomination?** _____

If not baptized, do you have an interest in being baptized by immersion? _____

FOR PARENTS:

_____ I (we) would like to attend the Adult Class for parents of Confirmation students (POC Class)

Name(s) of parents attending adult class: _____;

_____ I (we) would be willing to help coordinate class activities (mission events, retreats, fellowship Outings/Lock In, class party, etc.) relating to the youth Confirmation Class;

_____ I (we) would like to help chaperone/drive to Confirmation related events/activities;