

*FPLC CONFIRMATION PROGRAM*

# Confirmation Registration Form 2018

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 your information changes.

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

Confirmand's FIRST Name \_\_\_\_\_

MIDDLE Name \_\_\_\_\_

LAST Name \_\_\_\_\_

NICKNAME (if any) \_\_\_\_\_

Gender: Male\_\_ Female\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

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.

Please check which service you prefer to acolyte? 9:00am \_\_\_ 10:30am \_\_\_ Both is fine \_\_\_

**\*\*PLEASE FILL OUT PARENT INFORMATION ON THE BACK OF THIS FORM\*\***

**ATTENTION Parent/Guardian:** Please include your cell phone carrier. This will allow us  
To text you in case of an emergency. Please include info for all parents or guardians.

**1st PARENT/GUARDIAN CONTACT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Mobile Carrier \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2nd PARENT/GUARDIAN CONTACT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Mobile Carrier \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT OPPORTUNITIES**

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!

QUESTIONS? PLEASE CONTACT PASTOR BRUCE CHEEVER [cheever@foxpointchurch.org](mailto:cheever@foxpointchurch.org).

All (hard copy) forms should be dropped off or mailed to our church office:

7510 N Santa Monica Blvd, Fox Point, WI 53217

**ATTENTION: LOR BARRIEAU**

**Permission Slip/Medical Information**  
**Confirmation 2018-2019**  
**Fox Point Lutheran Church**

*This information will be kept on file from September 1, 2018-August 31, 2019.*

I, the Parent/Guardian of \_\_\_\_\_ (Child's Name)

Child DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2018/2019 School Grade \_\_\_\_\_

Hereby give my approval to his/her participation in any and all activities of Fox Point Lutheran Church during the period from September 1, 2018 through August 31, 2019. I assume all risks and hazards incidental to his/her participation in such activities, including transportation to and from those activities. I do hereby waive, release, absolve, hold harmless, and indemnify the Church and each of its employees, volunteers, agents and staff from any and all claims that arise from the above-named child's participation in any such activities, including, without limitation, any and all claims that arise from transporting the above-identified child. I also give the physician/hospital selected by the program supervisor for any such activity permission to secure proper treatment for the above-named child, should it become necessary. I also assume responsibility for all medical expenses incurred in the treatment of such child. Should it be necessary for the above-identified child to return home from any such activity due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

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

Preferred Phone: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_

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

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 sent to the church office.***

Attention: Lori Barrieau, Fox Point Lutheran Church,  
7510 N Santa Monica Blvd,  
Fox Point, WI, 53217