



# Confirmation Registration Form

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 your information changes.

## Student Information:

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

Student's FIRST Name \_\_\_\_\_

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

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

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

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

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

Has your student been Baptism? Yes \_\_\_ No \_\_\_

Has your student received First Communion Instruction? Yes \_\_\_ No \_\_\_

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

# Parent/Guardian Information:

## 1st PARENT/GUARDIAN CONTACT INFORMATION

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

Email \_\_\_\_\_

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

Street \_\_\_\_\_

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

## 2nd PARENT/GUARDIAN CONTACT INFORMATION

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

Email \_\_\_\_\_

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

Street \_\_\_\_\_

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

## PARENT OPPORTUNITIES:

We would love your help! Please indicate the name of the parent/guardian that 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 at [pastorbruce@foxpointchurch.org](mailto:pastorbruce@foxpointchurch.org)

All hard copy forms can be dropped off at the welcome desk or mailed to our church office:

7510 N Santa Monica Blvd, Fox Point, WI 53217

**ATTENTION: LORI BARRIEAU**