



2011-2012 Confirmation Registration

First Lutheran Church
619 Broadway + Fargo, ND 58102
www.flcfargo.org + 701.235.7389

My child will be in the following grade this school year:

6th Grade

8th Grade

7th Grade

9th Grade

Student's Info

Student's Name _____
Last First M.I.

Address: _____

City _____ State _____ Zip _____

Birthdate: _____ Baptism Date: _____ Gender: _____

Household Information

Parent/Guardian 1 _____

Home Phone: _____ Cell: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Parent/Guardian 2 _____

Home Phone: _____ Cell: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Special Needs

On a separate sheet please note any information that would be help us serve your children (include names)

- Briefly describe any special physical, emotional, behavioral or developmental needs.
 - Briefly describe any special circumstances, challenges, or considerations that we should know about to better minister to your child.
 - Briefly describe any food or environmental allergies your child may have.
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Parent Commitment

I understand that by enrolling my child in Confirmation, I agree to partner with FLC to provide a positive Christian learning environment by doing ALL the following:

- Making Confirmation school a priority in my child's schedule
- Keeping my child on task with completing requirements for Confirmation and supporting the small group and student life coaches
- Helping or substituting with small groups, retreats, and service projects as needed.

Signature of adult enrolling child ***REQUIRED***: _____

VOLUNTEER OPPORTUNITIES

I Am Willing to Help With:

Service Projects

Chaperone for Retreats

I Will be a Small Group Leader on Wednesday Evenings (6-7:30 p.m.)

For 6th Grade

For 8th Grade

For 7th Grade

For 9th Grade

One-on-one with child with special needs

Photo release: I understand that photos and videos may be taken of an event/classroom that my child is in. I hereby give First Lutheran Church permission to use the photo/video in publications and/or websites.

Parent Signature for Photo Release: _____

Contact Information

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Paul Blom, Student Life Coach 701.235.4567 x165 <mailto:pblom@flcfargo.org>