

Confirmation Registration Form
Holy Cross Lutheran Church
4125 Constitution Ave
Office Phone: 596-0661

Student

Year in Confirmation: (Circle one) 1 2 3

Name: _____

Address: _____ City/State/Zip: _____

Phones:(Home) _____ Cell _____

E-mail address: _____

Birthdate: _____

Baptism Date: _____ Congregation: _____

Worship service you usually attend: (For Acolyte purpose)

8:00 9:30 11:00

Comments or concerns you would like to share with your teacher or small group leader:

Parent

Parent/Guardian Name: _____

Address (if different than student) _____ City/State/Zip _____

Phones (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

(Additional Parent)

Parent/Guardian Name: _____

Address (if different than above) _____ City/State/Zip _____

Phones (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Person to contact in case of emergency: (other than parent)

_____ Phone: _____

Are you a member of Holy Cross? Yes No

If not, would you be interested in membership in Holy Cross? _____

How will you be able to assist your child in the Confirmation process? (Please check one or more)...

_____ Assist my child with homework and memory work.

_____ Serve as a substitute small group leader.

_____ Assist with administrative duties in my child's class.

_____ Other (please explain) _____

Do you have any questions or comments:

Office Use Only: Distribution FMT AA _____ CC _____ Acolyte _____ Dir. Vol. E-mail _____ MMTAA _____ Input _____ File _____
