CONFIRMATION REGISTRATION FORM 7th GRADE Fall 2011

DATE
FULL NAME (as you want on the confirmation certificate)
NAME YOU WISH TO BE CALLED IN CLASS
AGE BIRTHDATE
ADDRESS
PHONE #CELL #
PARENT(S)
OTHER ADDRESS and PHONE # FOR PARENT/STEPPARENT
PARENT EMAIL ADDRESS
Have you been baptized? Yes No (If no, the confirmand may be baptized any time before end of 8 th grade.)
Name of Elementary School
Name of Middle School
I would like to be a Parent Helper for class or an event I would like to be on the Substitute Teacher list. Comments:

Fill out the health form on the back side & return to Rev. Keckler.

HEALTH FORM FOR CONFIRMATION

NAME	
PHONE NUMBER FOR EMERGENCY	_
NAME AND PHONE NUMBER OF PHYSICIAN	
ALLERGIES	
MEDICATIONS	

ANY OTHER INFORMATION WE SHOULD KNOW: