

**Our Saviour's Lutheran Church  
Confirmation Registration Form**

Student's Name: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Baptism: \_\_\_\_\_ Date \_\_\_\_\_ First Communion: \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent(s)/Guardians(s):  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Student \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_  
(During Confirmation Class)

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Learning Needs: \_\_\_\_\_

**I give my child \_\_\_\_\_ permission to participate in all activities and to go on all trips with the Confirmation class. I further give my permission for my child to receive emergency medical treatment if I cannot be reached.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date