

Confirmation Registration 2019-2020

Student Name _____ Grade _____ Birthdate _____

Parent(s) Name _____

Primary Address _____

City _____ Phone _____

2nd address _____

Student Cell Phone: _____ Student Email: _____

Small group leaders would like to text students during the week with encouraging messages.

Parents please initial here if you give your permission for this. _____

Email/s _____ Preferred Church Service 8:30 10:30

_____ School Attends _____

My child would like to be in a small group with (one or two names of other 6th to 8th grade students):

Emergency Contact/ Parent Cell Phone Numbers:

_____ cell # _____

_____ cell # _____

Any allergies (especially food) or medical concerns? _____

Please list any learning strategies/techniques that will help your child be successful:

Photos of your child may be used in our church newsletter, web site, bulletin boards or other in-house materials including photo banners and the middle school XPerience Facebook (closed site).

If you prefer that your child's picture **NOT** be used/taken, please check here. _____ OR

I give Shepherd of the Hills permission to use my child's photo when taken during confirmation group and church activities, service projects, children's ministry activities, VBS and youth fundraisers. These photos may be used in church publications, newsletter articles and on both the church website & on the middle school XPerience Facebook (closed site). I will contact the church in the case that I would prefer that a specific image NOT be used or taken off a website page or banner. Pictures will not be posted on our church Facebook site.

Parent Signature & Date _____

For service events and middle school youth small group activities, there may be times that another adult will be available to drive your child to an activity. In the case that another adult is available, I give permission for my child to attend service activities and be driven by an adult chaperone. I also give permission to share my contact information with other families in my child's confirmation small group and with their small group leader.

Parent Signature & Date _____

Please include \$10 TO COVER CONFIRMATION MATERIAL COSTS...
& make checks payable to "Shepherd of the Hills"

Emergency Information

In case of an emergency, I understand that every effort will be made to contact the parents/guardians of the child. In the event that I can not be reached, I hereby give permission for the medical personnel selected by the church/confirmation staff to secure proper and necessary treatment for my child as named on this form.

Child's Name _____

Parent Signature & Date _____

Physician's name _____

Clinic & phone number _____

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