



MIDDLE SCHOOL CONFIRMATION REGISTRATION

Name of Student Grade
(full legal name) (Last) (First) (Middle)

Birth Date Place of Birth Baptized Yes No

If you were Baptized: Place of Baptism Date

School Student Cell

Student Email

1st Parent/1st Guardian Name

Primary Email

Home # Work # Cell #

Address
(Street) (City) (Zip)

2nd Parent/Guardian name

2nd Parent/Guardian Email

Home # Work # Cell #

Address
(Street) (City) (Zip)

Is your family a member of a church? Yes No

If yes, what is the name of the church?

How often do you attend Sunday church services? weekly biweekly monthly less than once/month

What year did you & your parents start attending Hephatha?

In what ways are you as parents involved in church?

(over)

How are you (the student) involved here at Hephatha? (Attend youth, acolyte, a member of Praise Band, 6:01 Band, Chapel Band, helped in office, helped with VBS, Bag It Up, doSomething, etc.)

Three empty rectangular text boxes for student involvement details.

Student, tell me about your faith and the faith of your family (what Jesus means to you).

Eight empty rectangular text boxes for student and family faith details.

Insurance company for the student:

Address (Street) (City) (Zip)

Phone # Policy #

Allergies, Medications, Medical concerns or other needs:

I give my permission for my son/daughter to participate in all activities during the 2017-2018 school-year at Hephatha Lutheran Church. I will not hold the employees of Hephatha, or the adult volunteers, responsible for injuries that may occur while my son/daughter is participating in or being transported to/from these activities. If medical care is necessary, I grant permission for a licensed medical professional to provide necessary treatment. I expect to be contacted at the earliest opportunity.

Parent/Guardian's Signature Date

Check here if you do NOT give permission for your child to be photographed or have pictures put on the web to promote confirmation class.

Other relatives responsible to act as guardian in my absence:

Name Relationship Phone #

Name Relationship Phone #

PLEASE RETURN COMPLETED – This form allows your child to participate in all of Hephatha's activities and if needed receive medical attention. If you have questions, contact Pastor Andrews (714) 637-0887 ext. 151 or Timothy Potthoff (714) 637-0887 ext. 157.