

**St. John's Lutheran Church**  
**Confirmation Registration 2016-2017**  
**Wednesdays, 7:00-8:15 pm**



*\*\*Registration Information Night on Wednesday, September 7<sup>th</sup> 7pm for all parents and students.*

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (h) \_\_\_\_\_

Phone (h) \_\_\_\_\_

(c) \_\_\_\_\_

(c) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Circle one:    Member            Non-Member

Circle one:    Member            Non-Member

Preferred Method of *weekly* communication:

Phone

Mail

Email

Facebook

If separated or divorced do both parents have legal custody? Circle one:    Yes    No

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

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

Student's Email: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_

Circle one:    Member

Non-Member

Which school do you attend? \_\_\_\_\_

Name one or two classmates that you would like in your small group:

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**Please return this form and \$15\*** to cover the cost of materials for the year to St. John's Lutheran Church, 301 8<sup>th</sup> Ave NW, Kasson, MN 55944, no later than **September 7, 2016.**

- If you don't intend to participate in Confirmation classes, please let us know so we can update our records.

**Worship begins at 6:15 p.m. Class will wrap up by 8:15 p.m.**

\*Scholarships are available if cost is prohibitive

Return to: St. John's Lutheran Church – 301 8<sup>th</sup> Ave NW Kasson, MN 55944  
Questions? Contact Lindsay Colwell – [lindsay@stjohnskasson.org](mailto:lindsay@stjohnskasson.org) or 507-634-7110

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**WAIVER OF PHOTO AND VIDEO**

I give permission to St. John's Lutheran Church to take pictures and/or video of my child during Confirmation activities. These pictures or video may be used for promotional purposes or by classroom teachers. Promotional purposes may include posting on St. John's website. Please note: children will not be identified by name.

Parent Signature: \_\_\_\_\_

**MEDICAL INFORMATION**

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give a representative of St. John's Lutheran Church of Kasson, MN, permission to act on my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so using those measures deemed necessary to support the life of my child. I absolve the representative from St. John's Lutheran Church of Kasson, MN, from all liability in acting on my behalf in this regard.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_