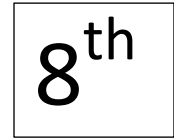


St. John's Lutheran Church
Confirmation Registration 2016-2017
Wednesdays, 7:00-8:15 pm



*** Parent & Student Orientation on Wednesday, September 7 at 7 PM*

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* communications:

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? _____

Group Guide's name (from last year): _____

Please return this form and \$15* to cover the cost of materials for the year to St. John's Lutheran Church, 301 8th 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 8th Ave NW Kasson, MN 55944
Questions? Contact Lindsay Colwell – lindsay@stjohnskasson.org or 507-634-7110

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

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: _____