



Alive and Growing Through God's Grace

INFORMATION FORM FOR CONFIRMATION 2023-2024

Student Name: _____ Grade: _____

School: _____

Mailing Address: _____ City _____ ZIP _____

Physical Address: _____ City _____ ZIP _____

Student Cell #: _____ Is it OK to text? ___YES ___NO

Student Email: _____ Checked daily? ___YES ___NO

Baptism Date (if known): _____ Location: _____

Please list any allergies, medications, medical conditions, special health instructions, or learning difficulties. *(including info such as asthma, ADHD, IEP etc.)*

Parent(s)/ Guardian(s) #1: _____ #2 _____

(Put a check by those ok to use and stars by your preference.)

___ Cell #1: _____ Text? ___YES ___NO Work # _____

___ Cell #2: _____ Text? ___YES ___NO Work # _____

___ Home Phone: _____

___ Email #1: _____ Checked daily? ___YES ___NO

___ Email #2: _____ Checked daily? ___YES ___NO

Mailing Address: _____ City _____ ZIP _____

Is your physical address the same? ___YES ___NO If no, write it here: _____

Emergency Contact, if parent/guardian can't be reached:

Name: _____ Relationship: _____

Phone: _____

Mentor Name: _____ Phone _____

Email: _____

Mailing Address: _____ City _____ ZIP _____

Relationship/How do you know this person? _____ (over)



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Student's Extra-Curricular Activities & Hobbies

(Please list what you are involved in, including school activities and clubs, as well as other non-school groups, sports or clubs and your personal interests/hobbies.)

Off-Site Events – Service & Field Trips

As a part of our confirmation program this year, we may go off-site a few times during the year. Does your son/daughter have permission to ride with an accompanying adult to off-site events? I understand there will be advance notice of off-site events.

YES NO

Photography/Videography Statement

We may take photos of your child participating in r church sponsored activities to be used in the church newsletter, bulletin boards, church website, etc.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. In this event, I understand that the pastors/leaders will notify me as soon as possible, but that treatment may be necessary. I give permission for the pastors/leaders to seek and secure any needed medical attention or treatment for my child if such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. Also I agree to waive all liability on the part of any of the churches, pastors, or leaders for any accident or injury that may occur due to or during all confirmation activities?

YES NO If no, what is your preference/instruction in such an instance?

Parent/Guardian name (printed): _____

Parent/Guardian Signature: _____ **Date:** _____