

# **Christ the King, Delafield**

## **Confirmation Expectations 2024-2025**

During this year of learning, we will experience what it means to live in a Christian community of Jesus' disciples: Praying, Serving, and Playing (fellowship) together. These are more specific expectations intended to supplement Welcome to Confirmation handout.

### **Materials – Bring to Every Class:**

Pen/Pencil, Notebook, Required Homework. Materials are to be brought home after each class for Online lessons. *Here We Stand Bible and Workbook* (will be provided by CTK).

### **Confirmation Class Attendance:**

Attend all classes per the schedule and complete work as assigned. If a student is absent, completing and turning in the lesson counts as attendance.

### **Church Attendance:**

Attend Sunday Worship in-person or online and Mid-week Lent services regularly. Participate and help lead one Lenten service and serve one Lenten meal. Acolyte in church as scheduled.

### **Mentor Program:**

Choose a mentor, participate in scheduled Mentor Nights, and meet with your mentor outside of class time (an additional three times). Complete the Youth/Mentor workbook pages together as assigned. If your mentor cannot attend the mentor night, attend with a parent or join a peer and their mentor.

### **8<sup>th</sup> Grade Confirming Class Only:**

Choose your confirmation Bible verse. Write your faith statement, participate in banner making or the like. Meet individually with your Pastor before the confirmation service

### **Faith Formation Expectations:**

\*Sermon Notes– 15 per year, May – May

\*Service hours--15 per year, May – May

-Choose whatever you would like to participate in and keep track of at home with parents.

Choose a wide variety of faith formation events. Suggestions to follow:

### **\*\*PRAY TOGETHER – worship and church life related**

- Read or lead prayers during worship
- Vacation Bible School/Sunday School Helper
- Usher in church
- Participate in a skit or your youth Christmas program
- Help lead mid-week Lent worship with the Confirmation group
- Provide special music for worship
- Sing or play an instrument at worship, coordinate with Director of Music.
- Help with the Altar Guild, setting up and cleaning up Communion
- Attend a Council meeting
- Attend a committee meeting
- Attend the Congregational Annual meeting
- Help with Rally Sunday, other extra-curricular church events.

- Attend Special worship services—Christmas Eve, Ash Wednesday, Maundy Thursday, Good Friday, Easter.

**\*\*SERVE TOGETHER – within our communities and wherever we are needed**

- Acolyte during service
- Community service
- Participate in congregational fundraising events/ collections
- Visiting the elderly in a healthcare facility
- Make a blanket for those in need and donate
- Volunteer with a local non-profit group or with a school group.
- Volunteer your time for others (such as doing yard work, coffee fellowship at the Healthcare Center)
- Serve at your church for coffee fellowship, help at a funeral.
- Help with a mid-week Lent meal.
- Volunteer time to help a neighbor without pay: mow lawns, pull weeds, babysit, snow removal
- Volunteer at a local park: pick up sticks/ garbage
- Volunteer at school, ask the school office for other ideas and go through appropriate channels for permission
- Use your talents: Make a tie blanket for foster kids, Make and distribute kits for the homeless, make a painting, card, or play music for a nursing home resident; Make dog treats for the animal shelter

**\*\*PLAY TOGETHER – living our faith in daily life**

- Watch a Christian movie and write a review
- Attend church Youth events, camps, or Youth Gatherings
- Attend a Christian concert
- Attend a Summer Christian Camp, or retreat at Lutherdale



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INFORMATION FORM FOR CONFIRMATION 2024-2025

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 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: \_\_\_\_\_