



10th Grade Confirmation Registration 2010 - \$30.00

Student Name _____
Last First Middle

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Place of Baptism _____

Robe Information - Height _____ Mentor Preference: _____

Have you received Holy Communion Instruction? ____ Yes ____ No

Parents are Bethlehem Lutheran Church Members? ____ Yes ____ No

Parent Information:

Parent/Guardian Name _____ Email _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Parent/Guardian Name _____ Email _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact (if parent is not available):

Name _____ Phone _____ Relationship _____

2010-2011 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 Bethlehem Lutheran Church of St. Cloud, Minnesota permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Bethlehem Lutheran Church. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Bethlehem Lutheran Church from liability in acting on my behalf in this regard so long as Bethlehem Lutheran Church is not grossly negligent.

Doctor or Health Clinic name _____ Phone _____

Insurance Co. _____ Policy/Group No. _____

Current Medications :

Please list any allergies and/or other pertinent medical concerns:

____ I (we) grant permission to my child's teacher/guide/substitute to be informed of medical needs relevant to my child's safety or participation in church programming.

____ Checking here gives BLC permission to use images of my child in print & online advertising and news reporting (children will not be identified by name).

I (we) believe the above information to be current and accurate information to the best of our knowledge.

Parent/Guardian Signature _____ **Date** _____

Check here if you would like to be considered for a scholarship _____

If you are able, please consider making a donation to the scholarship fund \$ _____

For office use:
Date _____
Cash/ Check _____