



# 7<sup>th</sup> – 9<sup>th</sup> Grade Confirmation Registration

2011-2012

\$70.00

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

**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 \_\_\_\_\_

**2011-2012 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.

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 \$ \_\_\_\_\_

<b>For office use:</b>
Date: _____
Cash/ Check
Amount: _____