



Student's First Name

Student's Last Name

Student's Address

Student's Email (if any)

Student's Cell Number (if any)

School Attending (in fall of 2019)

Grade (in fall 2019)

Student's Age _____ Student's Birthdate _____

Student's T-Shirt Size (Adult sizes; please check one) small medium large x-large 2x-large

Parent/Guardian Contact Information

Primary Contact's Name

Primary Contact's Home Phone

Cell Phone

Primary Contact's Email

Please provide one additional contact in case of emergency:

Emergency Contact's Name

Emergency Contact's Home Phone

Cell Phone

Allergies or Other Concerns

Does your child have any allergies, medical, academic, or other accommodations in their schooling we should be aware of? (Please explain.)

Volunteering

Volunteers are vital to the success of Calvary's Confirmation ministry. Please let us know if you'd be interested in volunteering as needs arise.

Yes, I'd like to volunteer. Please contact me.

Payment

The Confirmation Registration Fee is \$50. Please attach payment if using postal mail or dropping off form at Calvary. Checks/cash can be mailed separately if emailing form. Please make checks out to: Calvary Lutheran Church, with "Confirmation" written in the memo. Those who need financial assistance may qualify for a grant. If you feel you may qualify, please talk to Katy Tomlanovich. Thank you.

PERMISSION FORM (Good for the 2019-20 school year):

As legal guardian, I hereby give permission for my child to participate in all church related activities sponsored by Calvary Lutheran Church of Green Bay and to be transported by Lamers bus, volunteer driver and van. I agree to indemnify Calvary Lutheran Church, Youth Ministers, Volunteers, and the Synod for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. By signing below, I also consent to my child's image being used in Calvary Lutheran Church's communication vehicles and social media.

Signature of parent/guardian

Relationship to child

Thank you so much for completing this form.

Please return it with your payment to the Church Office on or before **August 31, 2019.**

If you have any questions please contact Katy Tomlanovich (katy@calvarygb.com or 494-2431).