

2011-2012 9TH GRADE CONFIRMATION REGISTRATION

STUDENT: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____

BIRTHDATE: _____
 GENDER: _____
 BAPTISM DATE: _____
 SCHOOL: _____

PARENT(S): _____
 e-mail _____

DAD WORK PHONE: _____
 MOM WORK PHONE: _____

GENERAL INFO:

	Yes	No
Has the student been baptized?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student received first communion instruction?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student a Calvary member?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any learning problems we should be aware of? (explain on back)	<input type="checkbox"/>	<input type="checkbox"/>
Are there any family situations we should be aware of? (explain on back)	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE REQUIREMENTS: CHECK THE AREA THAT YOU WOULD LIKE TO SERVE IN.

PARENTS:

	Yes
I would be willing to serve as a confirmation small group leader on Wednesday nights.	<input type="checkbox"/>
I would be willing to help with record keeping on Wednesday nights (sermon notes, retreats, etc...).	<input type="checkbox"/>
I would be willing to help with a one time event.	<input type="checkbox"/>
I would be willing to be a Lenten Mentor for six weeks.	<input type="checkbox"/>
I would be willing to chaperone a retreat.	<input type="checkbox"/>

HOOR AVAILABLE

STUDENTS: CHECK AT LEAST ONE

	Thurs. Eve.	Sun. 8:00	Sun. 8:45	Sun. 10:00	Sun. 11:15
<input type="checkbox"/> Usher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hospitality/Donuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grace Place/Nursery Assistant	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Media Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parking Lot Attendant			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Children's Ministry Special Events (Advent Workshop, Celebrate Spring, All Saints Carnival)					

CLASSROOM ASSIGNMENT: LIST THE NAMES OF TWO FRIENDS YOU WOULD LIKE TO BE IN CLASS WITH:

Name: _____
 Name: _____

Who was your 8th grade small group leader?

OFFICE ONLY

FEE: \$40 PAID CHECK # _____ SMALL GROUP NUMBER: _____