

2009-2010 9TH GRADE CONFIRMATION REGISTRATION

STUDENT: _____ **BIRTHDATE:** _____
ADDRESS: _____ **GENDER:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **BAPTISM DATE:** _____
PHONE: _____ **SCHOOL:** _____
PARENT(S): _____ **DAD WORK PHONE:** _____
e-mail address _____ **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: (retreats, faith journey or special events).	<input type="checkbox"/>
I would be willing to serve on the youth ministry team.	<input type="checkbox"/>
I would be willing to serve as a Wednesday evening receptionist.	<input type="checkbox"/>

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"/> 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 Confirmation leader?

Name: _____

OFFICE ONLY

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