

# First Evangelical Lutheran Church Confirmation Ministry 2012-13

**“...As they grow in years, you should place in their hands the Holy Scriptures and provide for their instruction in the Christian Faith, that, living in the covenant of their Baptism and in communion with the church...” LBW p. 121**

Mother/Guardian <hr/> address <hr/> city <span style="float: right;">zip</span> <hr/> phone: home <span style="float: right;">cell</span> <hr/> email address <hr/> Member of First Evangelical Lutheran Church? Please circle one    Yes    No    Interested	Father/Guardian <hr/> address <hr/> city <span style="float: right;">zip</span> <hr/> phone: home <span style="float: right;">cell</span> <hr/> email address <hr/> Member of First Evangelical Lutheran Church? Please circle one    Yes    No    Interested
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**Parent Commitment:** I am agreeing to partner with First Evangelical Lutheran Church in providing a loving, positive, Christian learning environment. With God’s help, I promise to make Confirmation a priority in my children's life and I will provide support as needed.

**Authorization for Participation:** (Please initial and sign below.)

\_\_\_\_\_ I give my permission for my child to participate in any activity and field trips planned by the staff for Confirmation up to sixty miles from the church building.

\_\_\_\_\_ I give my permission for my child to be transported from school to the church and to any activity and field trips planned by the staff for Confirmation (up to sixty miles from the church building) by volunteers driving their own vehicles or the church van.

\_\_\_\_\_ I authorize delivery of necessary emergency care by available medical personnel.

\_\_\_\_\_ I grant permission for photographs of my child and my family be taken in connection with Church events and that such photographs may be used (with or without names) for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

First Evangelical Lutheran Church  
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 Rush City, MN 55069-0073  
 rushcityfirstlutheran.org

office phone: 320-358-4076  
 fax: 320-358-3365  
 email: youth@rushcityfirstlutheran.org

1. Child's name

M or F *first* *middle* *last*  
date of birth \_\_\_\_\_ date of baptism \_\_\_\_\_.

Circle the child's class for the Fall of 2010

6<sup>th</sup> Grade          7<sup>th</sup> Grade          8<sup>th</sup> Grade          9<sup>th</sup> Grade

2. Child's name

M or F *first* *middle* *last*  
date of birth \_\_\_\_\_ date of baptism \_\_\_\_\_.

Circle the child's class for the Fall of 2010

6<sup>th</sup> Grade          7<sup>th</sup> Grade          8<sup>th</sup> Grade          9<sup>th</sup> Grade

**Parent Expectations: Please tell us what expectations you have of the confirmation program. What did you like most about your confirmation yourself? What did you like least?**

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**\*\*If your child will use the church van or school bus, please fill out the Transportation Form.**