

First Evangelical Lutheran Church Confirmation Ministry 2017-2018

“...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 zip <hr/> phone: home cell <hr/> email address <hr/> Member of First Evangelical Lutheran Church? Please circle one Yes No Interested	Father/Guardian <hr/> address <hr/> city zip <hr/> phone: home cell <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

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

Circle the child's class for the Fall 2017

6th Grade 7th Grade 8th Grade 9th Grade

2. Child's name

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

Circle the child's class for the Fall 2017

6th Grade 7th Grade 8th Grade 9th 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.**