

CONFIRMATION REGISTRATION

**FOR OFFICE
USE ONLY**

Date Paid _____

Amt Paid _____

Check No. _____

STUDENT INFORMATION

Please use the name you want on the Confirmation Certificate!

Student's Name _____

Student's Mailing Address _____

City, State, Zip _____

Home Phone # _____ Student's Cell Phone # _____

Student's Email Address _____

Student's School _____

Grade in School _____ Birthday _____

Month Day Year

Nickname (if any) _____ Gender: _____

Hobbies, Sports, Interests _____

All Confirmands need to be baptized before being confirmed.

Has your child been baptized? Yes No

PARENT/GUARDIAN #1 CONTACT INFORMATION

Name _____

Address _____

Home Phone # _____ Work Phone # _____

Cell Phone _____

Email _____

Signature _____

PARENT/GUARDIAN #2 CONTACT INFORMATION

Name _____

Address _____

Home Phone # _____ Work Phone # _____

Cell Phone _____

Email _____

Signature _____

**Please complete
a separate form
for each child.**

Please pay \$20 registration fee, using a separate check payable to Plymouth Church with "Confirmation" marked in the memo line. Please return confirmation registration and payment using the enclosed envelope pre-addressed to Education, c/o Marissa Hernandez-Evans.

To ensure timely communication, please return signed registration form and fee by **WEDNESDAY, Sept. 18**

I have paid my \$20 REGISTRATION

(Checks payable to Plymouth Church with memo marked "Confirmation.")

PARENT PERMISSION

Some confirmation classes may be held away from the church (for example: service projects or fellowship). Knowing this, I give my permission for _____
to participate in these activities. I understand transportation will be in cars driven by parents. I can
be located at the following number in case of emergency: _____

Signed _____ Date _____

EMERGENCY & MEDICAL INFO

In case of emergency please call (other than parents):

Name _____

Relationship _____

Phone _____

Medical conditions or food allergies we should know about:

Physician's Name _____

Phone _____

PHOTO RELEASE

PHOTO RELEASE: I consent to and authorize the use and reproduction of any and all photographs and/or audiovisual materials taken of me, my child, my ward or my representatives by Plymouth Congregational Church of the United Church of Christ, to be used in its publications and/or website.

Yes _____ **No** _____