

Our Savior's Lutheran Church

Confirmation Information

2024-2025

Today's Date _____

Student's Name _____

Phone _____

Address _____

City _____ **Zip Code** _____

Birth Date _____ **Age & Grade in school** _____

Are you a member of Our Savior's _____

Please list any health concerns or needs your child has (i.e. allergies or restrictions to activities)

Please share any information about your child's learning style and/or personality that would help our staff in working with him/her. _____

Please indicate if you are willing to help with Sunday school occasionally by:

_____ Provide a snack _____

Volunteer for soup suppers

_____ Substitute mentor

Parents'/Guardians' Name _____

Your E-Mail Address _____

Emergency Contact _____ Phone _____

Please share any questions, comments, or suggestions you have about Sunday School

Parents'/Guardians' signature _____

My child may have photos of them published.