## **Our Savior's Lutheran Church**

## **Confirmation Information**

2025-2026

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 or 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	/'s Date	Today	
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 or 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		Phone_	Student's Name
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		o help with Sunday school occasionally by:	Please indicate if you are willing
Substitute mentor		Volunteer for soup suppers	Provide a snack
			Substitute mentor
Parents'/Guardians' Name Your E-Mail Address			
Emergency ContactPhone			
Please share any questions, comments, or suggestions you have about Sunday School			

Parents'/Guardians' signature	
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My child may have photos of them published.

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