



# Resurrection Lutheran Church 2008-9 Confirmation REGISTRATION FORM

**Student Information (please print):**

Full name \_\_\_\_\_  
(first) (middle) (last)

\_\_\_ Registering for 1<sup>st</sup> year of Confirmation OR \_\_\_ Registering for 2<sup>nd</sup> year of Confirmation

E-mail address (not often used): \_\_\_\_\_  
(May we share this e-mail with other staff, especially youth director? \_\_\_ Yes \_\_\_ NO)

Grade \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Baptism date (or month/year) \_\_\_\_\_

Church/City/State where baptized \_\_\_\_\_

(Note: Lutheran theology and practice suggests a person be baptized before publicly professing their faith (which happens after the 3<sup>rd</sup> fall, on Confirmation Sunday). Please visit with Pastor Sara if your child has not been baptized.)

Holy Communion instruction \_\_\_ yes, my child has received instruction  
\_\_\_ no, my child has not received instruction  
(Note: A Confirmation-student option will be offered early this fall)

**Parent Information:**

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_

Phone number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_  
(May we share this e-mail with other staff? \_\_\_ Yes \_\_\_ NO )

**Parent Information:**

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_

Phone number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_  
(May we share this e-mail with other staff? \_\_\_ Yes \_\_\_ NO )

**Note about Communication:**

**It is our intent to send most Confirmation communication to the parents and via e-mail. Please let us know if e-mail contact will not work for you. In addition, we will communicate with the first parent(s) listed, but you may request that the second parent be added to the grouping as well.**

**Confirmation Student Commitment:**

I would like to participate in Resurrection's confirmation ministry this coming year. I understand this is a challenging, two-year program to help develop my Christian faith and my understanding of the Christian church. I am committed to attending Wednesday classes and Sunday morning worship services, completing all projects and memory work, and participating in the conversations and study to the best of my ability.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form and your \$30 annual registration fee to:**

Resurrection Lutheran Church  
Attn: Pastor Sara Vanderpan  
9925 Bailey Road  
Woodbury, MN 55129

Checks may be made payable to *Resurrection Lutheran Church.*

**Please register by September 2. Thank you.**