

St. Luke's Lutheran Church
2021-2022 CONFIRMATION REGISTRATION

Student Full Name _____

Preferred Name _____

Birthday: _____ Grade _____ School _____

Student Mobile Number _____

Do we have your permission to contact your student via text? _____

Student Allergies or Special Needs _____

Principal Zoom email address _____

Custodial Parent/s Name(s) _____

Address/City/Zip Code: _____

Mobile _____ Add'l phone number(s) _____

Email _____ On Facebook: Yes ___ No ___

Church Membership: St. Luke's ___ Other _____

Parent/Guardian Emergency Contact #1 Information

Name _____ Relationship to student _____

Address _____

City/ Zip: _____

Phone Numbers:

Mobile _____ Add'l phone number(s) _____

Parent/Guardian Emergency Contact #2 Information

Name _____ Relationship to student _____

Address _____

City/ Zip: _____

Phone Numbers:

Mobile _____ Add'l phone number(s) _____

Additional email address to be included in program communications:

Anything else we should know about your student?