



## Servant of Christ Confirmation Registration Form\*

STUDENT'S NAME \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex (circle one): M F School \_\_\_\_\_ Incoming Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

**\*Please Write Legibly\***

Home Address 1: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone 1: \_\_\_\_\_ Home Phone 2: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student Cell: \_\_\_\_\_

**Has student been baptized?** \_\_\_\_\_ If yes, approximate date \_\_\_\_\_

Are parents members of Servant of Christ? \_\_\_\_\_

If not, please indicate where church membership is held, if any \_\_\_\_\_

**Medical Needs (Allergies, medication, mental health, physical restrictions, etc.):**

\_\_\_\_\_

*We are asking for a \$20.00 donation to cover each student's curriculum and materials for the confirmation year.*

**\*DOUBLE SIDED**



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### Insurance Information in Case of Emergency (if parents cannot be reached)

Medical Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact (Parents will be contacted first)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*By signing below I agree that my child and I have read and understand the expectations*

*laid out below and in the Confirmation Parent Handbook (found online).*

**\*As the parent/legal guardian of this student, I grant permission for him/her to participate fully in the Confirmation Program**, related trips (service projects, etc.), and activities of Servant of Christ. If I cannot be reached in an emergency, I give permission to the supervising staff and/or leaders of Servant of Christ to sign forms that would ensure the necessary and immediate treatment of my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that neither Servant of Christ nor those acting on behalf of Servant of Christ will be held liable in case of accident or injury as long as there is no gross negligence.

**\*I give permission for this student to leave the premises of Servant of Christ ONLY** for discipleship and fellowship events through SOC Confirmation, either in a vehicle of an adult guide or in the church bus. I grant Servant of Christ permission to use photos of my child without compensation or prior notification. I also understand that my child cannot use alcohol, tobacco, drugs, or weapons of any kind, or participate in inappropriate sexual activity or potentially harmful behavior. If these rules are broken, I will assume the transportation costs to return my child home immediately by the safest means.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*DOUBLE SIDED**