

2011-2012 Faith Inkubators Confirmation Registration

Youth's Name _____
Grade _____
School _____

Birthday _____
Baptism yes no date _____
First Communion yes no date _____

Parent/Guardian name _____
Address _____
Telephone _____
Parent email _____

Parent/Guardian name _____
Address (if different) _____
Telephone _____
Parent email _____

<p>We ask that each family provide \$35 per child to compensate for the cost of food, supplies & curriculum throughout the year. This amount does not include social activities, retreats or other events. Money attached with registration: Yes No if yes: check cash</p>
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Youth What do you hope to gain from confirmation this year?

Parents

Why is it important for you to have your child participate in Confirmation?

What would you like the Confirmation ministry to know about your child?

Families

Confirmation is one important part of our discipleship ministry. But the most important factor in children's faith development is their parents. We count on parents' involvement in Middle School Ministry.

What are you doing at home to nurture faith development? How can Zion support you?

How can your family help support a successful Middle School Ministry?

Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Zion's Faith Inkubators Confirmation Ministry's care when parents or guardians cannot be reached.

Emergency contact Information

Primary Contact's Name: _____

Relationship to Youth: _____

Phone Number(s): _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by forenamed doctor or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to another hospital reasonably assessable. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that any expenses incurred in necessary emergency (or other) treatment will be covered by the student's medical coverage or family and not by Zion Lutheran Church.

Name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____ Date: _____

Address: _____

Telephone Number: _____

I release Zion Lutheran Church, its employees, individually and as employees, and all volunteer staff from liability for injury to person or damage of property that may occur as a result of my child's participation in any of the various activities at Zion Lutheran Church. I give my son/daughter permission to travel with Zion Lutheran Church under the supervision and direction of the Zion Lutheran Church Staff and other designated leaders.

Signature of Parent/ Guardian: _____ Date: _____

Medical Information

Please list any allergies (especially food allergies), chronic medical conditions, regular medications, or other medical information that Confirmation leaders should know about your child: