

LCOS CONFIRMATION ENROLLMENT FORM

Please return to Lutheran Church of Our Savior by **Wednesday, September 6, 2017.**

General Information

1. Student Name _____ (first middle last)
Prefers to be called _____ Child's email: _____
Child's mobile: _____
2. Date of Birth _____ School/Grade: _____
3. Date of Baptism _____
4. Parent(s) Name(s) _____
Address _____
(Street, City, Zip)
Phone: _____ (home) _____ (work)
Mobile: _____
Email: _____ (to receive important correspondence)
5. Which worship service do you typically attend? ____ 8:00 ____ 9:15 ____ 10:30

Abilities & Challenges

6. Student has the following gifts/abilities (e.g.: public speaking, dance, sports, singing, playing an instrument, intelligence, etc...):

7. Student is involved in the following school and/or community activities (e.g.: soccer, hockey, choir, dance, band, drama, etc...):

8. Student has behavioral difficulty* ____ Explain _____

9. Student has a special need/concern* ____ Explain _____

Parental Involvement

10. I can drive for a carpool _____ If yes, # of teens ____ What neighborhood? _____
11. I'm willing to be a Small Group Guide _____ Need more information _____
12. I'm willing to help drive/chaperone events _____ Need more information _____
13. I have questions regarding the Confirmation program _____
14. Would like a pastor to discuss Confirmation with my family _____

*All information of this nature is confidential, but if you would rather discuss any issue personally, please contact Pastor Wayne Zschech 856.419.7852 or email: wzschech@yahoo.com.

Any questions or concerns can be directed to the Pastor Wayne