

# 2021-22 Confirmation Ministry Registration Form

## St. Peter Lutheran Church

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Birth date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Has your child been baptized? Yes \_\_\_ No \_\_\_  
Month Date Year

Has your child received First Communion instruction? Yes \_\_\_ No \_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

School: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student Cell # \_\_\_\_\_ Text? Yes \_\_\_ or No \_\_\_

Student Email: \_\_\_\_\_

Best time to reach Me (the student) at home? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

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

Best time to reach Me (parent) at home/cell/ or work? \_\_\_\_\_

- I am interested in serving as a volunteer—Please contact me with more information

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

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

Best time to reach Me (parent) at home/cell/or work? \_\_\_\_\_

- I am interested in serving as a volunteer—Please contact me with more information

Address (if different than above) \_\_\_\_\_

Please list anything you feel the Confirmation Team should be aware of (physical, emotional, or spiritual issues, family history, school & learning conditions) that would be a benefit to us as we relate to your child. Are there accommodations that would be helpful for your child? If so, please explain. *St. Peter's Pastor and your student's teacher(s) will receive a copy of this registration and release form. This information will be shared with other St. Peter staff on a need to know basis only.*

Please complete reverse side



**2021-22 Youth Medical Release and Consent Form**

St. Peter Lutheran Church, Prairie du Chien, Wisconsin

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

*(Individual needs to be someone other than the child's parents/guardians who can be contacted if the parents/guardians cannot be reached in the event of an emergency.)*

Emergency Contact's Phone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (evening) \_\_\_\_\_

Emergency Contact's Relationship to the child: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person with Primary Coverage: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

List any allergies: (food, medications, latex, insect stings, etc.) \_\_\_\_\_

Is your child currently taking any medication? \_\_\_\_\_ if yes, please list: \_\_\_\_\_

Please list any medical conditions or concerns that would affect treatment for your child: \_\_\_\_\_

Are there any known conditions that would prevent your child from participating or engaging in any activities or events? \_\_\_\_\_

**Authorization to Consent to Medical Treatment**

I, We, the parents or legal guardians of \_\_\_\_\_, a minor, hereby authorize St. Peter Evangelical Lutheran Church personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and St. Peter Evangelical Lutheran Church is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

**Participation and Image Consent**

I/We give my consent for \_\_\_\_\_ to attend and participate in the customary youth activities at St. Peter Evangelical Lutheran Church, 201 South Michigan Street, Prairie du Chien, WI and off property activities sponsored by the Church. I understand that there will be adult supervision at each event. I further understand that certain Confirmation activities (such as the Mentor Program) may present times when a lone adult is present with a minor. I give my consent for my name, phone number, and email address to be shared with other confirmation families for the purposes of communications for Confirmation.

I/We do \_\_\_\_\_ do not \_\_\_\_\_ give my consent for photographs and video images of my child to be used on the St. Peter website, St. Peter Facebook page, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_