



2020-21 CONFIRMATION REGISTRATION

\$10 registration fee per student

Parent Information

Name: _____

Address: _____ Phone: _____

Email: _____ Cell Phone: _____

Name: _____

Address: _____ Phone: _____

Email: _____ Cell Phone: _____

Student Information

Childs Name: _____ Grade: _____

Childs Birthday: _____ Allergy/Medical Concerns: _____

Childs Name: _____ Grade: _____

Childs Birthday: _____ Allergy/Medical Concerns: _____

Childs Name: _____ Grade: _____

Childs Birthday: _____ Allergy/Medical Concerns: _____

I understand that through the course of the year pictures may be taken to help us remember and capture the special events of our church. I give permission for my child's picture to be used in church publications, such as but not limited to; newsletters, church website, social media page and ministry brochures.

Signature _____

Date _____

Office Use:

___ registration fee ___ phonevite updated

___ email updated ___ Shepherds Staff