



# 2017-18 Confirmation Enrollment Form

## Student Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Baptized:  Yes  No T-Shirt Size \_\_\_\_\_

## Student Covenant

**I will** respect all confirmation adult leaders, high school leaders, and my peers. **I will** do my best to listen, learn, and connect. **I understand** that this means attending confirmation activities, events, worship, retreats, camp, and fulfilling all my requirements.

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

## Parent/Guardian Information

Parent/Guardian #1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## Parent/Guardian Consent

**I will** support the Salem Confirmation program and my child's faith journey. **I will** make sure my child regularly attends confirmation, worship, retreats, and monthly activities. **I will** support our leaders, students, and staff as they seek to learn, play, question, and connect.

**I understand** that during the Confirmation program year there may be times when my child is transported to and from confirmation off-site activities by an Adult Leader or Staff member. I give permission for my child to be transported by designated adults in their personal vehicle in partnership with Salem's Safe Sanctuary policy.

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

- ⇒ Please return **form** and **\$100 yearly enrollment fee** to: **Salem Lutheran, 13402 W. 92nd St. Lenexa, KS 66215**
- ⇒ Please make all checks out to **Salem Lutheran Church (Confirmation on the memo line)**
- ⇒ If you have further questions please call **John Holt (913) 633-9428** or [jholt@salemlutheran-ks.org](mailto:jholt@salemlutheran-ks.org)