

# Confirmation Enrollment Form

Family of God Lutheran Church 2009-2010

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Student Name (1) \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Baptized (yes or no) \_\_\_\_\_

School Attending \_\_\_\_\_ Baptismal Date \_\_\_\_\_

Student Name (2) \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Baptized (yes or no) \_\_\_\_\_

School Attending \_\_\_\_\_ Baptismal Date \_\_\_\_\_

## **Parent(s)/Guardian(s)**

Name (1) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name (2) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Best e-mail address for relaying information** \_\_\_\_\_

**Fee: \$25 per Student.**

**Maximum: \$45 per family.**

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## **Office Use Only**

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Church Programs 1. \_\_\_\_\_ 2. \_\_\_\_\_