

**INFORMATION FORM  
Confirmation Class**

**COMPLETE AND RETURN FORM BY SEPTEMBER 1, 2024**

Confirmand Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Church \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_ Emergency#/Name \_\_\_\_\_

Father's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Emergency#/Name \_\_\_\_\_

Mother's Church Affiliation \_\_\_\_\_

Father's Church Affiliation \_\_\_\_\_

School/District Attending \_\_\_\_\_ Grade \_\_\_\_\_

School Activities \_\_\_\_\_

Other Hobbies/Interests \_\_\_\_\_

Special Needs (Learning, physical, medical, schedule, etc.)  
\_\_\_\_\_

Allergies \_\_\_\_\_

Taking Prescription Medications? \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Parents: Please initial to give consent.

\_\_\_\_\_ I give Pastor Kayli and the teaching team permission to take pictures of my child at events and use them for display in the church and on our website or Facebook page.