

Confirmation Student Registration '11-'12

Full name of student _____ grade in school _____

Date of baptism _____ place of baptism _____

Name of parent(s) _____

Address _____ phone # _____

E-mail _____

Emergency contact person _____

Address _____ phone # _____

Special Interests/Hobbies of Student:

Special needs or concerns:

Parental Commitment

I/We, as parent(s) will participate in the confirmation program in the following ways:

___ Be a mentor for a small group

___ Be the INNS parent for your child's small group

___ Chaperone the Retreat, 12/2-4

___ Organize the snack schedule for the opening of each class time throughout the year

All parents are asked to:

- Pray weekly for the students, mentors, and pastor/teacher;
- Support your child in completing his/her Homework for each week;
- Participate with your child in family home time reflection;
- Prepare/bring food for snack times during the year;
- Live out the basic faith practices yourself for your own spiritual growth and as an example for your child: worship, pray, read/study the Bible, give, serve, & share your faith.