TREE OF LIFE LUTHERAN CHURCH
2024-2025 CONFIRMATION REGISTRATION FORM
(One per confirmand)

Child's Name_____

Date of Birth_____   Age_____   Gender _____

Been baptized? (circle one)   Yes   No   If baptized, when is Baptismal Birthday _____

Grade in School for 24/25 _____   School Attending_____

Years Attended Confirmation (circle one) 0   1   2   Where Attended?_____

Had Their 1st Communion? (circle one)   Yes   No

PARENT/GUARDIAN INFORMATION

Mom_____   Dad_____

Phone_____   Phone_____

Email_____   Email_____

Address_____   Address_____

_____   _____

Family Home Church:_____

ALTERNATE EMERGENCY CONTACT

1. Name_____ Relationship_____ Phone_____

Please list any physical or special needs for confirmand (allergies and/or learning difficulties)

1._____

2._____

Do you give Parental/Guardian Permission to Post pictures on TOL Facebook page with your child's Image? (circle one)   Yes   No

Anything else we should know?