

2024-2025 CONFIRMATION REGISTRATION

PLEASE RETURN BY FRIDAY, JULY 12

Peace Lutheran Church; Antigo, WI

*Please make any corrections to your current information and provide any requested information.

STUDENT INFORMATION

First Name _____ Middle _____ Last _____

Date of Birth: _____ Baptismal Date: _____

Student Cellphone #: _____ Student Email: _____

Church Membership: _____ School Attending: _____ Grade: _____

Student's Address: _____

Student lives with their _____

Insurance Company: _____ Phone #: _____

Insurance Policy #: _____ Group #: _____

Physician: _____ Physician Phone #: _____

FAMILY INFORMATION

Parent/Guardian

Name: _____ **Relationship to Child:** _____

Check if address is same as student's address.

Address: _____

Home#: _____ Work #: _____ Cellphone #: _____

Church Membership: _____ Email: _____

Parent/Guardian

Name: _____ **Relationship to Child:** _____

Check if address is same as student's address.

Address: _____

Home#: _____ Work #: _____ Cellphone #: _____

Church Membership: _____ Email: _____

EMERGENCY CONTACT (If guardians cannot be reached.)

Name: _____	Relationship to Child: _____	Phone Number: _____
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MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- Does your child have allergies to:
pollens___ medications___ food___ insect bites___ other _____
Comments/Explanation: _____

- Please list any medical conditions/concerns that we should be aware or any activities that should be restricted for the student?

CONTINUED ON NEXT PAGE

STUDENT AND PARENT CODE OF CONDUCT

We expect each student to conform to these rules of conduct.

Students who fail to comply with these expectations may be sent home.

No possession or use of alcohol, drugs, or tobacco.

Respect property, one another, staff, and adults.

No fighting, weapons, fireworks, lighters, or explosives.

Respect and comply with event schedules.

No offensive or immodest clothing.

No misuse of God's Holy Name or other offensive language.

Participation with the group is expected.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in confirmation activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

PERMISSIONS

Activities may include but are not limited to both inside and outside games including physical activity and may be conducted in diverse types of weather. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church staff prior to that event.*

(Name of Child): _____ has my permission to attend all confirmation activities sponsored by **Peace Lutheran Church and Camp Luther** (Hereinafter the "Church") from **August 1, 2024 to July 31, 2025** (Effective for one year.)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Peace Lutheran Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: _____ Date: _____

SCHOOL My child will be attending:

_____ Peace Lutheran School
_____ _____ Public School
_____ Home school / Virtual school
_____ Other: _____

WORSHIP HELPER PREFERENCES All confirmation students serve either by acolyting or on our Audio/Visual Team. By being part of the Confirmation ministry of Peace, students make a 12 month commitment to serve in their church.

Acolytes light & extinguish the candles and help with Communion. Acolytes are scheduled about once a month and also serve at special services (Christmas, Easter, Lent, etc.). Families give a preference of the service(s) they normally attend but are scheduled as needed.

A/V Team confirmation students advance the worship screen slides during our services. They are also scheduled to serve about once a month plus special services.

Please indicate below if your child will be acolyting or serving on the A/V Team along with your preferred service(s). We cannot guarantee that you will always be scheduled to acolyte or serve with the A/V Team at the time you prefer. **If you do not return this packet before Aug. 1st you will be scheduled as needed.** *Please Note: Peace will be going back to a Saturday night service at 6:00 p.m. beginning September 7, 2024.*

CHILD'S NAME: _____

Please check the form of service and the service time you prefer:

___ Acolyte Sat. 6:00pm(school year)/Thur. 6:30pm(summer) Sun. 8:00am Sun. 10:30am

___ A/V Team Sat. 6:00pm(school year)/Thur. 6:30pm(summer) Sun. 8:00am Sun. 10:30am

I acknowledge that serving in the church is a privilege and an opportunity to serve God. I know I am required and responsible to be at church 15 minutes before my assigned service. If I cannot be at my scheduled service, I will find a replacement and notify the church office of the change in duty. I will be responsible, respectful, and serve as an acolyte with a positive attitude.

Student Signature: _____ **Date:** _____

MENTOR – All 7th & 8th students will need a spiritual mentor - The student's adult mentor will be:

Name	Relationship	Phone	Email
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CONFIRMATION CAMP at Camp Luther from August 13-15, 2024 This is a required activity for all 7th & 8th grade Confirmation students. Peace is paying \$70 of the cost and families pay the other \$70. Is your child attending Confirmation Camp? **YES NO**

We do not want any student to not be able to participate in Confirmation classes or Confirmation Camp because of cost. If you need financial assistance, please contact Pastor Jarod.

Fees: 7th Grade		8th Grade	
Confirmation Camp	\$70.00	Confirmation Camp	\$70.00
Confirmation	\$10.00	Confirmation	\$10.00
Binder/Materials		Binder/Materials	
*Catechism	\$20.00	*Catechism	\$20.00
*ESV Bible	\$10.00	*ESV Bible	\$10.00
		Group Picture 8X10	\$0
		Flower	\$5.00
TOTAL \$ _____		TOTAL \$ _____	

****Each student will need a catechism and an ESV Bible. If you wish Peace to purchase these books for your student the cost is:***
Catechism \$20.00 YES NO
ESV Bible \$10.00 YES NO
Please add these amounts to your total on the left.

Office Use only: Date received: _____ By: _____

Total Amount paid _____ cash _____ check _____ online _____
(receipt number) (Check number) (reference number)