

6th- 7th - 8th Grade 2018-2019
Confirmation Registration Form

Gloria Dei Lutheran Church Sioux Falls, South Dakota

Parents: The success of our Confirmation program depends on your participation in the program and continuing education within your home.

Please print clearly: *Designates required field.

*Child's Name: _____ *Gender: _____

*Birth Date: _____ *Grade: _____

*School Attending: _____ Child's cell Phone: _____

Child's e-mail _____ @ _____

*Parent(s)/Guardian(s) #1: _____

*Address: _____ *Zip _____

Phone (H): _____ Cell: _____

Phone (Business) _____

*Email (H): _____ @ _____

Email (Business): _____ @ _____

Complete this section if appropriate.

Parent(s)/Guardian(s) #2: _____

Address (if different): _____ Zip _____

Phone (H): _____ Cell: _____

Phone (Business): _____

Email: _____ @ _____

Email (Business): _____ @ _____

*Child's Home Address: _____

I agree that my child may be photographed or videoed for publicity purposes during confirmation activities and may be posted on the Gloria Dei website and/or Facebook.

*Parent/guardian signature _____ *Date _____