

## 2018-2019 Confirmation Student Information

Student's Full Name: \_\_\_\_\_

Student's Birthday: \_\_\_\_\_ Baptismal Date: \_\_\_\_\_  
Month/Day/Year

Student's Age: \_\_\_\_\_ Grade Attending this Fall: \_\_\_\_\_

Student's Cell Phone, if applicable: \_\_\_\_\_

Worship Service(s) most often attended: Sat @ 5pm Sun @ 8am Sun @ 10:30am

Mother's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best Way to Reach You: Home Phone Cell Phone Email Mail

Father's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best Way to Reach You: Home Phone Cell Phone Email Mail

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

List any and all physical conditions that might result in an emergency situation (*i.e.*, diabetes, asthma, etc.). List any learning disabilities and prescribed medication (*i.e.*, ADHD-Ritalin, etc.). List any and all medications required for the conditions listed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all allergies (*i.e.*, food, medicine, animal, etc.). \_\_\_\_\_  
\_\_\_\_\_

List visual and/or hearing deficit and type of correction (*i.e.*, nearsighted-glasses, hearing aid, etc.): \_\_\_\_\_  
\_\_\_\_\_

List other information that might be helpful to the staff. \_\_\_\_\_  
\_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_