



Anacortes Lutheran Church

CONFIRMATION REGISTRATION

2026-2027

Name of Student _____		Birth Date _____		Age _____	Grade _____
Address _____					
Cell Phone _____		Email: _____			
Have you been baptized? _____ Where and when? _____					
Allergies and/or Special needs _____ _____					
Favorite snacks: _____					
Fall Sports/ Music/ Drama / etc.: _____					
Practice Times _____					
Game / Performance Dates & Times _____					

Parent or Legal Guardian's Name: _____

Cell Phone: _____ **Email:** _____

Parent or Legal Guardian's Name: _____

Cell Phone: _____ **Email:** _____

Address, if different from yours: _____

Parents Are / Are not (circle one) members of Anacortes Lutheran Church

CONFIRMATION REGISTRATION QUESTIONAIRE

I prefer to receive communication by: (circle one) text e-mail telephone

☐ I do not wish to have photos/videos of my child shared in Church publications, on the church website or social media accounts.

Parent(s) / Guardian(s) Signature

Date