



Anacortes Lutheran Church

CONFIRMATION REGISTRATION

2024-2025

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