

# CONFIRMATION REGISTRATION

## Anacortes Lutheran Church

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you been baptized? \_\_\_\_\_ Where and when? \_\_\_\_\_

Food Allergies? N \_\_\_\_ Y \_\_\_\_ What? \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

Fall Sports/ Music/ Drama / etc.: \_\_\_\_\_

Practice Times \_\_\_\_\_

Game / Performance Dates & Times \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address, if different from yours:  
\_\_\_\_\_  
\_\_\_\_\_

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