

Confirmation 2012 Enrollment

Student Info

Student
Name _____

Last

First

Middle

Home Address _____

Street

City

Zip

Phone Number _____

Home

Cell

Email address _____

School _____

Grade _____

DOB _____

Have you (student) been baptized?

_____ Y

_____ N

If so, where?

_____ Church

_____ County

_____ State

Tell us a little about yourself. What do you like to do for fun?

What are your extra-curricular activities?

Parent Info

Parents' Names and Contact Info/Address

Father

_____	_____	_____
Last	First	Middle
_____	_____	_____
Street	City	Zip
_____	_____	_____
Home Phone	Cell	Email

Mother

_____	_____	_____
Last	First	Middle
_____	_____	_____
Street	City	Zip
_____	_____	_____
Home Phone	Cell	Email

Please circle above preferred method of contact during the Confirmation year.

PHOTO / VIDEO RELEASE

I hereby give permission for my son/daughter to be photographed or videotaped at St Paul's UMC. I realize the photo/video may be published in the bulletin or other church publications. The photo/video may be used for informational, educational or promotional purposes regarding our Youth Education program.

Important Note: Names of children will not be published.

Parent Signature: _____ Date: _____

PERMISSION TO TRAVEL OFF SITE

I hereby give permission for my daughter/son to attend the scheduled off-site Confirmation events, outings and field trips during the program semester. I understand that I will be provided a detailed list of these trips at the Orientation Meeting. I further understand that St. Paul's UMC will not be held liable for any bodily injury incurred during any field trip, event or other Confirmation activity and hereby indemnify and relieve them of any such liability. I authorize the Confirmation Staff of St. Paul's UMC (paid or volunteer) to take any reasonable action designed to help ensure the safety, health and welfare of my child/ward, and absolve the staff of any liability relating to such actions.

Parent Signature: _____ Date: _____

MEDICAL QUESTIONNAIRE

If unable to reach the parent (s) or emergency contact person, please contact:

Name: _____ Phone: _____

Name of Physician: _____

Does your child have any physical, mental, or emotional concerns of which we need to be aware? If yes, please explain:

Is your child diabetic? Yes _____ No _____

Suffer from seizures? Yes _____ No _____

Is your child allergic to any foods or medicines? No _____ Yes _____ If yes, list them.

Does your child have difficulties with any of the following? (If so, please explain)

Asthma ___ ADD ADHD ___ Autism ___ Hyperactivity ___ Eyesight ___

Reading ___ Writing ___ Speaking ___ Hearing ___ Other _____

Please list any medications your child is taking that we should be aware of:

I have read and completed the above information and certify that I have disclosed all medical information regarding my child.

Name _____ Date _____

Parent//Guardian