

**2021-2022 CONFIRMATION REGISTRATION****Return by Sunday, July 25**

Peace Lutheran Church; Antigo, WI

Effective Dates: August 1, 2021 – July 31, 2022

\*Please make any corrections to your current information and provide any requested information.

**STUDENT INFORMATION**

First Name	Middle	Last
Date of Birth: _____	Baptismal Date: _____	
Student Cellphone #: _____	Student Email: _____	
Church Membership: _____	School Attending: _____	Grade: _____
Student's Address: _____		
Student lives with their _____		
Insurance Company: _____	Phone #: _____	
Insurance Policy #: _____	Group #: _____	
Physician: _____	Physician Phone #: _____	

**FAMILY INFORMATION**

Guardian 1 Name: _____	Relationship to Child: _____	
<input type="checkbox"/> Check if address is same as student's address.		
Address: _____		
Home#: _____	Work #: _____	Cellphone #: _____
Church Membership: _____	Email: _____	
Guardian 2 Name: _____	Relationship to Child: _____	
<input type="checkbox"/> Check if address is same as student's address.		
Address: _____		
Home#: _____	Work #: _____	Cellphone #: _____
Church Membership: _____	Email: _____	

**EMERGENCY CONTACT** (If guardians cannot be reached.)

Name: _____	Relationship to Child: _____	Phone Number: _____
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**MEDICAL HISTORY**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to:

pollens\_\_\_\_ medications\_\_\_\_ food\_\_\_\_ insect bites\_\_\_\_ other \_\_\_\_\_

Comments/Explanation:

2. Please list any medical conditions/concerns that we should be aware or any activities that should be restricted for the student?

**CONTINUED ON NEXT PAGE**

## **STUDENT AND PARENT CODE OF CONDUCT**

We expect each student to conform to these rules of conduct.

**Students who fail to comply with these expectations may be sent home.**

No possession or use of alcohol, drugs, or tobacco.

Respect property, one another, staff, and adults.

No fighting, weapons, fireworks, lighters, or explosives.

Respect and comply with event schedules.

No offensive or immodest clothing.

No misuse of God's Holy Name or other offensive

Participation with the group is expected.

language.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in confirmation activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PERMISSIONS**

Activities may include but are not limited to both inside and outside games including physical activity and may be conducted in diverse types of weather. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church staff prior to that event.*

(Name of Child): \_\_\_\_\_ has my permission to attend all confirmation activities sponsored by **Peace Lutheran Church and Camp Luther** (Hereinafter the "Church") from **August 1, 2021 to July 31, 2022** (Effective for one year.)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Peace Lutheran Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **ACOLYTE PREFERENCES**

All students in the Confirmation program serve during a service. This has traditionally been done with Acolytes. We are also including opportunities for Confirmands to Usher or be part of the A/V Team instead of Acolyte.

**Acolytes** light & extinguish the candles and help with Communion. Acolytes are scheduled about once a month including special services (Christmas, Easter, Lent, etc.). Families give a preference of the service(s) they normally attend but are scheduled as needed.

**Ushers** assist in the service in a variety of ways. They traditionally greet, hand out bulletins, collect the offering, and dismiss for communion. Ushers are placed into teams that serve a specific service, and usher every weekend for an entire month. This means Ushering is a commitment of every week, every other month.

Working with the **A/V Team** means that confirmands would be running the PowerPoint for one of our services. Those wanting to help in this way would be scheduled like Acolytes, about once a month.

**Please indicate below if your child/children will be acolyting, ushering, or serving on the A/V Team along with your preferred service(s).** We cannot guarantee that you will always be scheduled to acolyte or serve with the A/V Team at the time you prefer. **If you do not return this packet before July 25<sup>th</sup>, 2021, you will be scheduled as needed.** *Please Note: Peace will be going back to a Saturday night service at 6:00 p.m. beginning September 11, 2021.*

### **CHILD'S NAME:**

**Please check the way your child/children want to serve and circle the service time you prefer:**

☐ Usher    Saturday 6:00pm(school year)/Thursday 6:30pm(summer)    Sunday 8:00am    Sunday 10:30am  
☐ Acolyte    Saturday 6:00pm(school year)/Thursday 6:30pm(summer)    Sunday 8:00am    Sunday 10:30am  
☐ A/V Team    Saturday 6:00pm(school year)/Thursday 6:30pm(summer)    Sunday 8:00am    Sunday 10:30am

I acknowledge that serving as an acolyte/usher/A/V Team Member in the church is a privilege and an opportunity to serve God. I know I am required and responsible to be at church 15 minutes before my assigned service. If I cannot be at my scheduled service, I will find a replacement and notify the church office of the change in duty. I will be responsible, respectful, and serve as an acolyte with a positive attitude.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Will this student be joining the Confirmation Camp at Camp Luther from August 17-19?**

Yes    No

<b>Required Materials</b>	<b>Recommended Materials</b>
Bible – ESV or NIV. Child can use a Bible from home. 6 <sup>th</sup> , 7 <sup>th</sup> , and 8 <sup>th</sup> Grades. Luther's Small Catechism (2017 Version) - 8 <sup>th</sup> Grade	3-ring binder with pockets Pen/pencil/highlighters

### **FEES**

<b><u>6<sup>th</sup> &amp; 7<sup>th</sup> Grade</u></b>		<b><u>8<sup>th</sup> Grade</u></b>	
Confirmation Camp	\$70.00	Confirmation Camp	\$70.00
		Catechism	\$16.00
		Group Picture 8X10	\$12.00
		Flower	\$5.00
TOTAL	\$70.00	TOTAL	\$103.00