

PLEASE ATTACH PAYMENT TO REGISTRATION FORM AND RETURN TO MARIE WALTON

***Our Father's Lutheran Church***  
**2009-2010**

**CONFIRMATION**

**Registration Form**

**(7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> Grade)**

3903 Gilbert Avenue SE

Rockford, MN 55373

763-477-6300

Parent/Guardian Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Additional Email Address: \_\_\_\_\_

Most of our weekly information is communicated via e-mail. If possible please supply at least one address for our correspondence.

**Church Membership: (please check)**

(  ) Member of Our Father's      (  ) Non-Member of Our Father's      (  ) Contact Me Regarding Membership

**Student to Register:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (  ) Male (  ) Female

Any information regarding your child that would help us best meet their needs (i.e. food allergies, learning disabilities, emotional/behavioral issues, etc.):

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (  ) Male (  ) Female

Any information regarding your child that would help us best meet their needs (i.e. food allergies, learning disabilities, emotional/behavioral issues, etc.):

Have you attended First Communion Classes?

Yes      No

What Church did you attend First Communion Class at?

\_\_\_\_\_

What service do you usually attend at OFLC?

8:00      10:45

Please check areas you would be interested in helping with:

**Confirmation:**

- Mentor
- Substitute Mentor
- Coordinator/Asst. Coordinator
- Chaperone/Drivers for Retreats and Outings
- Help with First Communion classes
- Assist with Wednesday night large group games
- LAMPS (Lighting a Member's Path)
- Other, please specify \_\_\_\_\_

**Registration Fee Information:**

**\$35.00 per child (fee covers curriculum for Wednesdays night class, Sundays morning class and retreat costs)**

**Scholarships are available. Call the church office for more information.**

For office use only: <input type="checkbox"/> paid in full      Date: _____ <input type="checkbox"/> Check Amount: _____ Check # _____ <input type="checkbox"/> Cash Amount: _____
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