



Confirmation Registration 2010-2011

12650 Johnny Cake Ridge Road
Apple Valley, MN 55124

Complete both sides of this form - Please Print Legibly

Student's name _____ Gender **M** **F**
Last First name Middle Name

Primary Address _____
Street City/State/Zip

Phone(_____) _____ Family email _____

Birthdate _____ Baptized **Y** or **N** Is your child new to SOTV Confirmation program? **Y** or **N**

Student's school _____ Grade _____

Parent/Guardian Name _____ Cell Phone # _____

Parent/Guardian Name _____ Cell Phone # _____

Student lives with: Both Parents Mother Father Other /Relationship _____

\$65 Tuition

The cost for Confirmation for the entire year is \$65 per student. Checks should be made payable to: Shepherd of the Valley Lutheran Church. Scholarships for tuition are available. Check here if you need a scholarship _____. If you would like to contribute toward a scholarship, please mark additional payment here \$_____.

CONFIRMATION CLASS OPTIONS

**All confirmation classes meet on Wednesdays
(Please "X" the grade and hour you wish to attend)**

<input type="checkbox"/> 6th Grade <input type="checkbox"/> 3:15 <input type="checkbox"/> 4:30 <input type="checkbox"/> 5:45 <input type="checkbox"/> 7:00	<input type="checkbox"/> 7th Grade <input type="checkbox"/> 3:15 <input type="checkbox"/> 4:30 <input type="checkbox"/> 5:45 <input type="checkbox"/> 7:00	<input type="checkbox"/> 8th Grade <input type="checkbox"/> 3:15 <input type="checkbox"/> 5:45 (Limited to 85) <input type="checkbox"/> 7:00 (Limited to 85)
<input type="checkbox"/> 9th Grade - 7:00 (Traditional large group presentation along with small group discussions led by high school facilitators.)	<input type="checkbox"/> 9th Grade - 7:00 (The Seekers - a group that will discuss questions and explore faith using Scripture and other writings.)	<input type="checkbox"/> 9th Grade - 7:00 (The Diggers - a group that will dig deep into the history, culture and message of the Scripture.)

Student's name _____ Grade _____

Please take the time to tell us about your child. List any medical (allergies etc), learning, emotional, behavioral, or friend/family concerns your child may have. The information you provide will help us to place your child in an appropriate group, inform guides of the special needs of your child, and help them to have a positive experience in confirmation!

- If your 6th-8th grade student wants to be paired with a certain friend in a small group, please write his/her name here*: _____.
- My child is a 7th or 8th grade student and would like to stay in the same small group as last year.*
- We need guides to lead our small groups. If you would be interested in hearing more about it, we would be happy to talk to you.

Name _____ Phone # _____

*If you have a special request for a guide, class, or friend, we will do our best to honor that request. Please keep in mind that it is your responsibility to make sure the guide is teaching or the friend is attending at the hour you request. There are also a few instances where guides have requested that certain students not be together. We will honor those requests by returning guides. Remember that confirmation is an excellent time to make new friends!

SOTV CONSENT/MEDICAL RELEASE FORM

I give permission for my child to participate in Shepherd of the Valley's activities under the supervision and direction of the Shepherd of the Valley staff and other designated volunteers. I release Shepherd of the Valley from liability should my child be injured in any way while participating in activities, which specifically include, but are not limited to transportation by private vehicles and activities where my child is not physically supervised by Shepherd of the Valley staff. I give permission for leaders to take whatever steps may be necessary to obtain emergency medical care as warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Seek medical examination and treatment for injuries or conditions by a medical professional

I understand that it is my responsibility to resubmit this form if any changes occur regarding medical insurance or the health of my child, and that any expenses incurred in necessary emergency medical treatment will be paid by the child's coverage or the family.

I give permission for my child's image to be used in any Shepherd of the Valley publications, slide shows, and website.

Parent/Guardian Signature _____ Date _____

Name & Phone number of another person to contact : (This is important information for guides to have for HYPE Sundays.)

Name _____ Phone # _____

Family Physician _____ Phone # _____

Family Insurance Company _____ Policy # _____

FOR OFFICE USE ONLY

PAID _____ CHECK # _____ GROUP ASSIGNMENT _____