

Zion's Union Church Maxatawny, Kutztown, PA
Confirmation Registration/Information Form

Student's Full Name (include middle): _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Home Phone Number: _____ E-mail-Address: ("p" if parents') _____

Father's Name: _____

Work Phone Number: _____ Work E-mail: _____

Father's Church Membership: _____ Zion's Lutheran _____ Zion's UCC

_____ Other (name & location) _____

Mother's Name: _____

Mother's Maiden Name (if applicable): _____

Work Phone Number: _____ Work E-mail: _____

Mother's Church Membership: _____ Zion's Lutheran _____ Zion's UCC

_____ Other (name & location) _____

Other Parent/Guardian: _____

Contact Phone Number: _____ Contact E-mail: _____

Emergency Contact: Name: _____

Relationship: _____

Contact Phone Number: _____

Adult Support Agreement

I/We understand that confirmation at Zion's is a community effort which must include my/our support as parent(s)/guardian(s). I/We promise that I/we will diligently support my/our child(ren) in these next one/two years. I/We promise that I/we will help my/our child(ren) to understand that confirmation is not an end but a continuation of an educational journey and a beginning of the adult journey of learning more and more about faith and the activity of God in our lives and world. I/We also understand that there are requirements to be met in this program, whose purpose is to help my/our child(ren) to set a pattern for a faith life that carry far into the future, with God's help. I/We will support my/our child(ren) in fulfilling these requirements.

Parent/Guardian Signature

Parent/Guardian Signature

Date