



St. Peter's Lutheran Church, 1201 Courthouse Road, Stafford, VA 22554

Confirmation Registration

Student's Name _____ Address _____

Student Email _____ Grade (this Fall) _____ Birthday _____

Allergies _____

Important info the teachers should know? _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact & Phone _____

Where in the church will parent/guardian be? _____

Tell about your child's strengths & weaknesses: _____

I consent to the use and publication of my child's picture by St. Peter's Lutheran Church (including, but not limited to, the newsletter, annual report and the world wide web) for such purposes as publicity, advertising, or professional activities. The name of any subject under the age of 18 will be withheld in all cases.

Parents/Guardians Signature _____

Names of Parents/Guardians _____