

MOUNT OLIVET 1st YEAR CONFIRMATION REGISTRATION 2011-12

Confirmand's Name _____
Last First Middle

Address _____
Street City Zipcode

Phone (____) _____ Gender: M or F Birthdate _____

Preferred name or
Nickname _____ Baptismal Date _____ Where Baptized _____

Had First Communion? Yes ___ No ___ Where _____

2011-12 Grade in School _____ School Attending _____

Confirmand's e-mail _____ Parent's e-mail _____

Parent/Guardian _____ Mt. Olivet Member Yes or No

Address _____

Phone #s:
Work (____) _____ Home (____) _____ Cell (____) _____

Parent/Guardian _____ Mt. Olivet Member Yes or No

Address _____

Phone #s:
Work (____) _____ Home (____) _____ Cell (____) _____

Send mailings to: Father ___ Mother ___ Both ___

Confirmand lives with _____
(names of parents, brothers, sisters)

Confirmand's activities and interests _____

Does your child have any diagnosis or history of behavioral or learning concerns about which we should be informed?

_____ YES (if Yes, please explain on back) _____ NO

Are there any allergies or other medical conditions of which we should be aware?

_____ YES (if Yes, please explain on back) _____ NO

ONE friend that your child would like to be placed with: _____
(your child's name must be listed on the registration of the child named above to assure placement together)

Do you have any interest in becoming a Confirmation small group leader, team small group leader (two adults together), or assistant to a child with special needs? (training will be provided) Yes or No

___ Will be attending Mt. Olivet West Campus Wednesday 7:00-8:15 p.m.

~ ~ ~ OR ~ ~ ~

___ Will be attending Minneapolis Campus

___ Sunday 8:30-9:45 a.m. ___ Wednesday 4:00-5:15 p.m. ___ Wednesday 7:00-8:15 p.m.

___ \$50 Payment enclosed