

**Gethsemane Lutheran 2009-2010
Confirmation Registration**

Student Name: _____

Male: _____ Female: _____ Birthdate: _____ Baptism Date: _____

School Student Attends: _____ Grade: _____

Any Known Health Conditions: _____

Allergies/Medications: _____

Health Plan Carrier: _____ Policy #: _____

Name of the Insured: _____

Anything you would like the staff to know about your student: _____

Parent Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ Occupation: _____

Parent Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ Occupation: _____

Additional Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____