

Confirmation

Registration Form

Student Name: _____ Grade in 18-19 school year: _____ Birthday _____

Student's cell phone: _____ Student's E-mail: _____

Was this child baptized? (circle one): YES NO

Parent/Guardian contact information: Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Do you receive our newsletter? (Circle one) YES NO

Are you a current member of the Solon UMC? (Circle one) YES NO

Would you like more information about new member classes? (Circle one) YES NO

Please list additional parent/guardian information for others who should receive information about Confirmation activity

Names: _____ Contact Phone: _____

Address: _____ E-mail: _____

Any special information we need to know about your child/children (allergies, etc):

If Confirmation class is in need of help in the following area(s), give me a call: (Check all that apply)

_____ Driving / Transportation _____ Being a parent helper _____ Prayer support

_____ Food for special occasions _____ Sorry, I am unable to help at this time

Is there other information that would assist us in working with your child? (Please use reverse side of this page). If you have additional questions, please contact the Solon UMC office at 624-2288. Thank you!