
CONFIRMATION ENROLLMENT FORM

2007 – 2008 : WEDS. 7-8:30 PM

Please use a separate form for each child

First Name: _____

Last Name: _____

Age: _____ Birth Date: _____

Father's Name: _____

Mother's Name: _____

First Name Maiden Name Last Name

Address: _____

Street Address City Zip Code

Phone Number: (____) _____

School: _____ Grade: _____

First or second year Confirmation student: ___1st or ___2nd ___

Any Allergies? _____

MEDIA RELEASE

I give permission for my child to be photographed, and/or video/audio taped at King of kings Lutheran Church or at events sponsored and/or approved by King of kings. I understand that these photos or video/audio tapes may be used for instructional purposes, such as staff training, conference presentations, and/or general use by the children, and staff throughout the church. These photos may also be displayed on bulletin boards at King of kings Lutheran Church, on the King of kings web page or in flyers or brochures promoting the church or our youth and/or children's programs.

Parent/Guardian Signature

Date