

Trinity Lutheran Church
Confirmation Registration and Covenant 2019/2020

Student's name: _____

Grade in school: _____ Age: _____

Parent's names: _____

Address and phone: _____

E-mail address _____

Please note when you anticipate being confirmed. Spring of what year _____.

Mark with an "x" the sessions you plan to take this coming year, circle any that you have already taken.

Sunday 9:00am

Session 1 Sacraments _____

Session 2 New Testament _____

Session 3 Lutheran Heritage _____

As a participant in this program I understand that it is MY responsibility to be present at all classes of the sessions that I register for (barring sickness or injury). I understand that it is my responsibility to complete all six sessions and be able to satisfactorily articulate what I have learned, prior to being confirmed. I understand that it is my responsibility to be a regular participant in the worship life of this congregation. It is also expected that I participate in the summer Confirmation Experience with my fellow confirmands the summer after I am confirmed. I promise to spend time on a regular basis discussing faith issues with my parents (and my mentor for 2020 confirmands), informing them of my desire or lack there of to be in the program at this time. I understand that I am responsible for the choices I make for my own faith life.

SIGNATURE OF YOUTH: _____ DATE: _____

I promise to support my child in the above, and promise to engage in regular discussion with my child regarding faith issues, and the confirmation program, and to encourage them in worship, confirmation and youth group participation.

SIGNATURE OF PARENT: _____ DATE: _____