



# 2009-2010 Enrollment Form

## Student Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender:  Male  Female  
Grade \_\_\_\_\_ School \_\_\_\_\_ Baptism Date \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

## Student Covenant

**I promise** to respect my Pastors, Guides and fellow Students. **I promise** to do my best to concentrate, listen, learn and enjoy my Confirmation experience at Advent. **I understand** that this means attending Confirmation, Church and Activities *regularly*, and completing all my requirements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## Parent/Guardian Consent

**I understand** that Confirmation is a *voluntary* program of learning and fellowship for my child. **I promise** to support the Advent Confirmation Program and support my child's faith journey by assuring regular attendance at Confirmation, worship and monthly activities. **I also promise** to pray regularly for the Pastors, Guides and all Students' during this important time of faith development.

I understand that during Confirmation there will be times when my child is transported to and from Confirmation activities by an Adult Guide. I give permission for my child to be transported by any adult in their personal vehicle in connection with Advent's Confirmation program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

- ⇒ Please return this **form** and **\$25 enrollment fee** to: **Advent Lutheran Church, 11800 W 151<sup>st</sup> St, Olathe, KS 66062**
- ⇒ Please make all checks out to **Advent Lutheran Church (Confirmation on the memo line)**
- ⇒ If you have further questions please call **John Holt (913) 633-9428** or **jholt@adventlolahe.org**