



2017-2018 CROSSTRaining CONFIRMATION REGISTRATION

Student Information: (Please print; Use black or dark blue ink)

Student's Given Name: _____
Last First Middle

Student prefers to be called: _____ Gender: _____
Male Female

Date of Birth: ____/____/____ School: _____ Grade: _____
Month Day Year

Address (Where to mail correspondence) Resident Name: _____

Street City State Zip

E-Mail: _____ Phone: _____
(CrossTrainingParent Updates/info)

Father's Name: _____
Last First Cell Number

Mother's Name: _____
Last First Cell Number

Student lives with: ____Both Parents ____Father ____Mother ____Guardian ____Other

Church Home: Family of Christ Interested in Becoming a Member Other _____
Church Name

Baptized? ____ Yes ____ No Date: ____/____/____ Location: _____
Name and location of Church

Any diagnosed learning disabilities. Please describe: _____

Recommended teaching strategies: _____

Other activities student participates in: _____

Why do you want your student to participate in CrossTraining? _____

Please share any additional information about your student that may be helpful. This may include personality, school history, and family make-up, etc. _____

Have there been any significant life changes within the last year or situations that may be affecting your child emotionally and/or behaviorally? If so, would you be willing to identify them for us? _____

Student Registration: (Select One)

____ **1st Year CrossTraining** Intended primarily for 6th Grade or 1st year confirmation students.
Small Group Preference: List up to two people you would like to request in your small group.
(Note: it is not always possible to meet requests but we will do our best)
Name(s): _____

____ **2nd Year CrossTraining** Intended primarily for 7th Grade students who have completed 1st year requirements.

____ **3rd Year CrossTraining** Intended primarily for 8th Grade students who have completed 1st & 2nd year requirements.

(Please turn paper over and complete Side 2)

Acolyting: (Optional Service Opportunity)

___ **Acolyte** – Lighting and extinguishing candles during Worship Services

Please schedule me for Acolyting at the following Worship Service:

___ Sunday Sunday Sunday
___ 8:00 AM ___ 9:30 AM ___ 10:50 AM

*****Please Note: Acolyte Training date: Saturday, Sept. 23 at 10:00 am.** (All **new** acolytes must attend this training in order to be scheduled for acolyting. Contact Pete for alternate training dates.)

Parent/Guardian Participation and Opportunities:

CrossTraining Wednesday Opportunities

I am interested in serving in the following way(s)

___ **Small Group Mentor** Lead, guide and mentor a group of 5-7 students each Wednesday during CrossTraining classes. (30 mentors needed) **Training for new Mentors on Tuesday, Sept. 12 at 6:30 pm.**

Parent(s) Name _____

___ **Audio/Visual Tech** (Assist with sound, visuals and lighting.) Will train.

Other Opportunities to Serve (Not on Wednesdays)

___ **Help with the Rite of Confirmation** for 4th Year Students. Assist with reception on Saturday, Oct. 28th.

Parent(s) Name _____

___ **Youth Activities and Events** Chaperone Events

Parent(s) Name _____

Registration Requirements:

___ **CrossTraining Registration Form:** Please complete both sides.

___ **Picture of CrossTraining Student:** Please include a photo of your student for their file.

___ **Annual Permission/Waiver Form:** Please complete both sides. Don't forget to have student sign the "Young Person's Agreement" on Page 2.

___ **CrossTraining Fee: Payment of \$75.00** (Payable to Family of Christ)

___ **CrossTraining Kick-off: New and Returning Students** and **parents** plan to attend the **CrossTraining kick-off on Sept. 6 at 7:15 pm.** If unable to attend, contact Peter Hiller to schedule a make-up.

CrossTraining Registration is due on or before August 31. Please drop off completed registration form, permission/waiver form, and fee at the church office or mail to:

**Family of Christ Lutheran Church
Attn: CrossTraining
16345 Polk Street NE
Ham Lake, MN 55304**

If you have questions, please call Peter Hiller or Patti Nelson at 763-434-7337.

For Office Use Only:

Confirmation Registration Fee Paid: _____ Amount Paid \$ _____ Check # _____ Cash _____ IYA _____
(Date received)

Annual Permission/Waiver Form Received: _____ Small Group Assigned: _____
(Date received)

Graduation Year _____