



# 2018-2019 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 6<sup>th</sup> Grade or 1<sup>st</sup> 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 7<sup>th</sup> Grade students who have completed 1st year requirements.

\_\_\_\_ **3rd Year CrossTraining** Intended primarily for 8<sup>th</sup> Grade students who have completed 1<sup>st</sup> & 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. 20 at 6:30pm.** (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 Thursday, Sept. 13 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 4<sup>th</sup> Year Students. Assist with reception on Saturday, Oct. 27th.  
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. 12 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 \_\_\_\_\_