

Confirmation Registration Card

Confirmand Information

Full Name (First, Middle, & Last): _____

Preferred Name: _____ Pronouns: _____ Birthday: _____

Have you been Baptized? Yes, Year of Baptism: _____ No, I need to be Baptized

Current Grade: _____ Middle School: _____

High School (attending in the Fall): _____

Phone Number: _____ Email: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Allergies: _____

Food Requirements (Gluten-Free, Vegetarian, etc.): _____

Interests/Hobbies: _____

Any Additional Information: _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____

Phone Number: _____ Email: _____

Are you a member of St Andrew? Yes No I would like to become a member

Parent/Guardian 2 Name: _____

Phone Number: _____ Email: _____

Are you a member of St Andrew? Yes No I would like to become a member

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Confirmand: _____ Phone Number: _____