

**FIRST CONGREGATIONAL CHURCH**

Wallingford, Connecticut

**CONFIRMATION REGISTRATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

E-MAIL ADDRESS (if available) \_\_\_\_\_

BAPTIZED? Yes \_\_\_ No \_\_\_ WHERE BAPTIZED \_\_\_\_\_

CHURCH SCHOOL GRADES ATTENDED \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SPECIAL ACTIVITIES AND INTERESTS (*i.e. sports teams, school activities and clubs, work, and/or other interests and activities*)

PARENT(S) NAMES \_\_\_\_\_

CONFIRMAND'S SIGNATURE \_\_\_\_\_

**PARENTAL PERMISSION FORM: CONFIRMATION PROGRAM**

I, the parent or guardian of \_\_\_\_\_,  
give my permission for my son/daughter to participate in the Confirmation program of *The First Congregational Church of Wallingford*, including all retreats, field trips, special activities, and classes required in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature