

**GOOD SHEPHERD LUTHERAN CHURCH
FOCUS /CONFIRMATION
REGISTRATION FORM 2010-2011**

Name _____ (Nickname:) _____

Address _____ City _____ Zip _____

Home Phone: () _____ Student's e-mail address _____

Birthdate: ___/___/___ Grade: _____ School: _____

Parent(s) names: _____ - _____
(Father) (Mother)

Member of GSLC? (Circle one) YES NO WILL BE

If not a member of GSLC, what church do you attend? _____

Sisters and Brothers? Names and ages: _____

Small Group "Friends Request"? Names of student's friends they'd like in their small group.

(List 2-3): 1. _____ 2. _____ 3. _____

Activities/Sports/Clubs/Hobbies: _____

PARENTS: Any other information you would like to tell us about your child?

PARENT'S e-mail address: _____

PARENT'S Cell Phone: Father _____ Mother _____