

2011-2012 CROSSTRAINING/CONFIRMATION REGISTRATION
Family of Christ Lutheran Church

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

Student's Given Name: _____
Last First Middle

Student prefers to be called: _____ Phone _____

Address (Where to mail correspondence) Resident Name _____

Street City State Zip

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

E-Mail: _____ (CrossTraining Parent Contact & Updates/info & news)

Baptized? ____ Yes ____ No Date of Baptism ____/____/____
Month Year

Church and Location of Baptism: _____

Member of Family of Christ: ____ Yes ____ No School _____

Father's Name: _____
Last First Middle

Mother's Name: _____
Last First Middle Maiden

Student lives with: ____ Both Parents ____ Father ____ Mother ____ Guardian ____ Other

Any diagnosed learning disabilities. Please describe: _____

Recommended teaching strategies: _____

2. Student Registration: (Select One)

____ **First Year CrossTraining (Bible Basics)** Intended primarily for 6th Grade or 1st year confirmation students. (No pre-requisites)

Small Group Preference: I would like to have the following person in my CrossTraining small group. (Although it is not always possible to grant you preference, we will try to honor your request.)

Friend's Name: _____

____ **Second Year CrossTraining (Doctrine)** Intended primarily for 7th Grade students who have completed first year requirements.

____ **Third Year CrossTraining (Doctrine)** Intended primarily for 8th Grade students who have completed the first and second year requirements.

3. Acolyting: (Optional Service Opportunity)

____ **Acolyte – (Grades 7 & 8)** Lighting and extinguishing candles during Worship Services

Please schedule me for Acolyting at the following Worship Service:

____ Sunday 8:45 AM ____ Sunday 10:30 AM ____ Advent/Lent/Holiday Services
(Times may vary)

*****Please Note: Acolyte Training date: Sept. 19 at 6:45 pm.** (All **new** acolytes must attend this training in order to be scheduled for acolyting. Contact Pete for alternate training dates)

(Please turn paper over and complete Side 2)

4. Parent/Guardian Participation and Opportunities:

Family U/CrossTraining Wednesday Opportunities

Because we value parent partnership in this important learning process, we are asking for at least one parent from each family to participate each week during Family U/CrossTraining.

_____ **Small Group Mentor** Lead, guide and mentor a group of 5-7 students each Wednesday during CrossTraining classes. (30 mentors needed) **Training on Thurs, Sept. 8 or Mon. Sept. 12 at 6:45 pm.**

Parent(s) Name _____

Parent(s) Name _____

_____ **Attend Family U Adult Course**

Visit website at *www.foclutheran.org*

_____ **Teach or assist Family U Children's Class** Parent(s) Name _____

_____ **Assist** with CrossTraining Info Center and record keeping.

Other Opportunities to Serve (Not on Wednesdays)

_____ **Help with the Rite of Confirmation** for 4th Year Students. Assist with reception on Sat., Oct. 29th after Public Exam. Parent(s) Name _____

_____ **Youth Activities and Events Planning Team and Chaperone Events**

Parent(s) Name _____

5. Registration Requirements:

_____ **CrossTraining Registration Form** complete both sides.

_____ **Annual Permission/Waiver Form** 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 Orientation: New and Returning Students** and parents plan to attend the **CrossTraining orientation meeting on Sept. 7 at 6:45 pm.** If unable to attend, contact Peter Hiller to schedule a conference.

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)

Shelby ID# _____ Graduation Year _____