



ST. PETER
LUTHERAN CHURCH
DUBUQUE, IOWA

3200 Asbury Rd • Dubuque, Iowa 52001
563-583-0860 • office@stpeterdbq.org
www.stpeterdbq.org

2023-2024 St. Peter Lutheran Confirmation Registration Form*

Completed Registrations due to the office by Sunday, September 10 (Rally Day)

STUDENT'S NAME _____ Date of birth _____

Sex (circle one): M F Other _____ School _____ Grade '23-'24 _____

Parent(s)/Guardian(s) _____

Please Write Legibly
Specify which parent/guardian for each

Home Address 1: _____

City: _____ Zip Code: _____

Home Address 2: _____

City: _____ Zip Code: _____

Cell Phone: _____ Cell Phone: _____

Home Phone 1: _____ Home Phone 2: _____

Parent Email: _____

Parent Email: _____

*Student Cell: _____

Student Email: _____

Has student been baptized? _____ If yes, approximate date _____

Are parents members of St Peter? _____

If not, please indicate where church membership is held, if any _____

Medical Needs (Allergies, medication, mental health, physical restrictions, differently abled, etc.):

There is a \$25.00 fee to enroll in Confirmation.

***DOUBLE SIDED**



ST. PETER
LUTHERAN CHURCH
DUBUQUE, IOWA

3200 Asbury Rd • Dubuque, Iowa 52001
563-583-0860 • office@stpeterdbq.org
www.stpeterdbq.org

2023-2024 St. Peter Lutheran Confirmation Registration Form*

Insurance Information in Case of Emergency (if parents cannot be reached)

Medical Insurance Company _____

Insurance Company Address _____

Policy/Group # _____ Phone _____

Non-Parent Emergency Contact (Parents will be contacted first)

Name _____ Phone _____

Relation to student: _____ Cell Phone: _____

By signing below I agree that my child and I have read and understand the expectations

laid out below and in the Confirmation Parent Handbook.

***As the parent/legal guardian of this student, I grant permission for him/her to participate fully in the Confirmation Ministry**, related trips (service projects, etc.), and activities of St Peter Lutheran Church. If I cannot be reached in an emergency, I give permission to the supervising staff and/or leaders of St Peter to sign forms that would ensure the necessary and immediate treatment of my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that neither St Peter nor those acting on behalf of St Peter will be held liable in case of accident or injury as long as there is no gross negligence.

***I give permission for this student to leave the premises of St Peter ONLY** for discipleship and fellowship events through SPL Confirmation, either in a vehicle of an adult guide or in a rented vehicle. I grant St Peter permission to use photos of my child without compensation or prior notification. I also understand that my child cannot use alcohol, tobacco, drugs, or weapons of any kind, or participate in inappropriate sexual activity or potentially harmful behavior. If these rules are broken, I will assume the transportation costs to return my child home immediately by the safest means.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

***DOUBLE SIDED**