

**Confirmation Program - Zion UCC, Baroda, MI**  
Student / Parent Information Sheet - 2017-2018

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School you attend: \_\_\_\_\_ Grade \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address(es) (if different) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone (Mom) \_\_\_\_\_

Work Phone (Dad) \_\_\_\_\_

Cell Phone (student) \_\_\_\_\_

Cell Phone (Mom) \_\_\_\_\_

Cell Phone (Dad) \_\_\_\_\_

E-mail - student \_\_\_\_\_

Mom \_\_\_\_\_ Home / Work

Dad \_\_\_\_\_ Home / Work

Preferred e-mail - \_\_\_ Student \_\_\_ Mom \_\_\_ Dad \_\_\_ other \_\_\_\_\_

Do you have \_\_\_\_\_ High-Speed Internet (Cable or DSL) \_\_\_\_\_ Dial-up

Browser available - \_\_\_ IE \_\_\_ Opera \_\_\_ Firefox \_\_\_ AOL \_\_\_ Chrome \_\_\_ Mac

Y / N Are there any medical issues we need to be aware of to best care for your child?

\_\_\_\_\_

Y / N - If medical treatment is necessary, we will make every effort to contact you first. We will, however, take your child to Lakeland Medical Center if in our opinion such action is necessary. From that point we will defer to the Doctor's recommendations, unless you indicate you do not accept this policy.

**Please include only the information you are comfortable including.** None of this information will be shared with anyone without your permission. We will only keep it on file so that communication during the confirmation year can be simplified, and changes in the schedule can be quickly communicated.

Y/N - I give permission for my child's picture (without names) to be included on Zion UCC's web page.