



2020-2021 CROSSTRAINING CONFIRMATION REGISTRATION

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

Student's Given Name: _____
Last First Middle

Student prefers to be called: _____ Gender: _____
Male Female

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

Address (Where to mail correspondence) Resident Name: _____

Street City State Zip

E-Mail: _____ Phone: _____
(CrossTraining Parent Updates/info)

Father's Name: _____
Last First Cell Number

Mother's Name: _____
Last First Cell Number

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

Church Home: [] Family of Christ [] Interested in Becoming a Member [] Other _____
Church Name

Baptized? ____ Yes ____ No Date: ____ / ____ / ____ Location: _____
Name and location of Church

[] Any diagnosed learning disabilities. Please describe: _____

Recommended teaching strategies: _____

Other activities student participates in: _____

Why do you want your student to participate in CrossTraining? _____

Please share any additional information about your student that may be helpful. This may include personality, school history, and family make-up, etc. _____

Have there been any significant life changes within the last year or situations that may be affecting your child emotionally and/or behaviorally? If so, would you be willing to identify them for us? _____

Student Registration: (Select One)

- 1st Year CrossTraining Intended primarily for 6th Grade or 1st year confirmation students. Small Group Preference: List up to two people you would like to request in your small group. (Note: it is not always possible to meet requests but we will do our best) Name(s): _____
2nd Year CrossTraining Intended primarily for 7th Grade students who have completed 1st year requirements.
3rd Year CrossTraining Intended primarily for 8th Grade students who have completed 1st & 2nd year requirements.

(Please turn paper over and complete Side 2)

Instruction Format: (Select either in-person or online below)

In-person format (Wednesday evenings from 7:15 -8:30pm)

On-line at home format (Video, worksheet and home discussion)

Acolyting: (Student Service Opportunity)

Acolyte – I would like to volunteer to serve as an acolyte lighting candles and extinguishing candles during Worship Services. This is a fun and meaningful way to earn service hours for CrossTraining.

*****Please Note: Acolyte Training date: Thursday, Oct. 1 at 6:30pm.** (All **new** acolytes must attend this training in order to be scheduled for acolyting. Contact Pete for alternate training dates.)

Parent/Guardian Participation and Opportunities:

CrossTraining Wednesday Opportunities

I am interested in serving in the following way(s)

Small Group Mentor - Lead, guide and mentor a group of 5-7 students each Wednesday during CrossTraining classes. (30 mentors needed) **Training for new Mentors on Wednesday, Sept. 23 at 7:15pm.**

Parent(s) Name _____

Audio/Visual Tech - Assist with sound, visuals and lighting. Will provide training.

Video Recording - Record CrossTraining classes for at home distribution.

Video Editing – Edit CrossTraining video-taped lessons for distribution.

Registration Requirements:

CrossTraining Registration Form: Please complete both sides.

Picture of CrossTraining Student: Please include a photo of your student for their file.

Annual Permission/Waiver Form: Please complete both sides. Don't forget to have student sign the "Young Person's Agreement" on Page 2.

Review the Family of Christ Covid-19 Preparedness Plan available for review at www.foclutheran.org See Covid-19 Resources.

CrossTraining Fee: Payment of \$75.00 (Payable to Family of Christ)

CrossTraining Kick-off: New Students and parents plan to attend the **CrossTraining kick-off on Sept. 16 at 7:15pm.** If unable to attend, contact Peter Hiller to schedule a make-up.

CrossTraining Registration is due on or before September 9. 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)

Graduation Year _____