



Date of enrollment: \_\_\_\_\_  
Confirmed: \_\_\_\_\_

## *Smithtown United Methodist Church* **Confirmation Enrollment Form**

Parents'/Guardians' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Child #1: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Girl or Boy

Allergies/ Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Child #2: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Girl or Boy

Allergies/ Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Child #3: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Girl or Boy

Allergies/ Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Child #4: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Girl or Boy

Allergies/ Special Needs: \_\_\_\_\_  
\_\_\_\_\_