

**IGNITE Confirmation: 9th Grade**  
**Incarnation Lutheran Church 2017-2018**

Include with registration:

- Registration fee \$ \_\_\_\_\_
- Student photo
- Health form
- Called to Serve Form
- All About Me



Registration Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Please return all registration materials on registration night April 26, 2017 (4:00-7:00 pm).*

*We will do our best to honor friend requests and service choices (first come, first served on some service opportunities) as long as forms are turned in on Wednesday, April 26. After April 26, friend requests and service choices will be honored only as space allows.*

Incarnation Lutheran Church reserves the right to use photos taken during IGNITE and related ministries to be used in LifeTimes, on the Incarnation Website, on Facebook or in promotional material.

Please complete using black/blue ink and 10 digit phone #'s

**Registration fee: \$100.00**

Student \_\_\_\_\_  
First Middle Last

Male  Female Wishes to be called \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptized  YES Date: \_\_\_\_\_  NO

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Student e-mail \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

Member or active participant of Incarnation  Yes  No (If you are new to Incarnation, please talk with Shawna Berg before registering.) \_\_\_\_\_ date \_\_\_\_\_ initials of Shawna

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

**One person** I would like to be with in my small group \_\_\_\_\_

Does your child have any special needs we should be aware of (i.e. Learning disabilities, allergies, etc.)  
 \_\_\_\_\_

Does your child have an IEP or 504 Plan?\* \_\_\_\_\_

*\*If you are interested in putting together an individual ministry plan please contact Shawna.*

I have read and understand the IGNITE 9 handbook and its policies.

Parent Signature \_\_\_\_\_ Student signature \_\_\_\_\_

*For confidential financial assistance, please contact Shawna Berg (651-484-7213)*

# IGNITE 9 CALLED TO SERVE 2017-2018

## STUDENT SIGN-UP

NAME: \_\_\_\_\_

**Please indicate one or more service choices. Students must complete four hours of service at Incarnation and two hours in the community.**

**(Please note that some volunteer opportunities are after the Rite of Confirmation. Students must be registered for Summer 2018 activities by April 5<sup>th</sup> to fulfill their service agreement.)**

\_\_\_\_\_ **ACOLYTE** – An acolyte assists the pastors and congregation in worship, serving as a cross bearer, or candle lighter. You will serve a minimum of four times a year. Training is required and will be provided in the fall. Once trained, you will continue to serve until you call us and have us remove your name. *Please circle your preferred worship time(s):*

8:45 a.m.

10:05 a.m.

Lent – Wednesdays

\_\_\_\_\_ **SUNDAY MORNING NURSERY** – You will assist the attendants in caring for infants and toddlers. You are asked to serve for a one month period. Assignments will be given in the fall. Training is required and will be provided in the fall. *Please circle your preferred worship time(s):*

8:45 a.m.

10:05 a.m.

10:45 a.m.

\_\_\_\_\_ **FAMILY EVENTS** – This opportunity will be assigned on a first come, first served basis. Assist the Children's Ministry staff with family events, usually Friday evenings. You will be required to serve at two events. *Please circle your preferred months – we'll do our best to accommodate your request (must serve two months):*

September 10

October 13

November 1

December 1

February 9

March 24

\_\_\_\_\_ **USHERING** – Ushers play an important role in worship. They welcome people, hand out bulletins, collect offering, and assist as needed. You will be assigned a worship team and serve the first, second, third or fourth week of the month. Training is required and will be provided the first time ushering. *Please circle your preferred worship time(s):*

8:45 a.m.

10:05 a.m.

10:45 a.m.

Lent – Wednesdays

\_\_\_\_\_ **SUNDAY TREAT SERVER** – Parents and youth serve Sunday mornings two to four Sundays during the school year, depending on registration. *If this opportunity is chosen, both youth and parents serve.*

\_\_\_\_\_ **PRESCHOOL CARNIVAL** – Sunday, February 25, 2018 from 1:00 p.m. - 3:00 p.m.

\_\_\_\_\_ **SUMMER TREAT SERVER** – Parents and youth serve Sunday morning treats during the summer two to three Sunday's depending on registration. *If this opportunity is chosen, both youth and parents serve*

\_\_\_\_\_ **AUDIO/VISUAL TECHNICIAN** – Wednesdays during IGNITE large group from 6:00 p.m. - 7:00 p.m. Training is required and will be provided in the fall.

\_\_\_\_\_ **ASSIST WITH CONFIRMATION REGISTRATION, APRIL 25, 2018** – This opportunity will be assigned on a first come, first served basis.

\_\_\_\_\_ **SPARK SMALL GROUP LEADER** – You will be assigned a class with other SPARK small group leaders. Training is required and will be provided in the fall.

\_\_\_\_\_ **SPARK SUNDAY OR SPARK WEDNESDAY MUSIC LEADER** – Help lead large group time by playing guitar, drums or singing.

\_\_\_\_\_ **SUMMER CAMPS FOR CHILDREN'S MINISTRY** – Help with VBS or Art Camp. Training is required and will be provided in the summer. *(This fulfills all six hours of requirements.)*

\_\_\_\_\_ **SUMMER STRETCH** – Serve as a leader at Summer Stretch *(This fulfills all six hours of requirements.)*

\_\_\_\_\_ **MIDDLE OR HIGH SCHOOL MISSION TRIP** *(This fulfills all six hours of requirements.)*

\_\_\_\_\_ **TIM TEAM** – Attend Camp Wapo and train as a leader *(This fulfills all six hours of requirements)*

## **PARENT PARTNERSHIP OPPORTUNITIES**

### **2017-2018**

NAME(S): \_\_\_\_\_

#### **PLEASE INDICATE ONE SERVICE CHOICE**

\_\_\_\_\_ **GUIDE** – Background check required.

\_\_\_\_\_ **SUBSTITUTE GUIDE** – Background check required.

\_\_\_\_\_ **SUNDAY TREAT SERVER** – If your child chooses Sunday treats, parents also must choose Sunday treats.

\_\_\_\_\_ **SUMMER TREAT SERVER** – If your child chooses summer treats, parents also must choose summer treats.

\_\_\_\_\_ **ASSIST WITH CONFIRMATION REGISTRATION, April 25, 2018** – This opportunity will be assigned on a first come, first served basis.

\_\_\_\_\_ **ROBE LAUNDERING IN PREPARATION FOR CELEBRATION OF PASSAGE** – Wash 10-20 Confirmation robes in March before the Celebration of Passage. This opportunity will be assigned on a first come, first served basis.

**PLEASE CALL THE INCARNATION OFFICE AT 651-484-7213 FOR ADDITIONAL INFORMATION.**

# ALL ABOUT ME – IGNITE 9

Please answer all questions

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

What school will you go to in the fall and what is your favorite subject?

Who do you live with? (parents, grandparents, pets, siblings) Please include names.

Are you involved with sports or other extracurricular activities? If so, which ones?

What do you like to do in your free time?

Who is one of your best friends and why do you like them?

What is your favorite movie or book?

Please list three things you are looking forward to about Confirmation:

1.

2.

3.

What is one thing you want to learn in Confirmation:

# CONFIRMATION HEALTH FORM

Incarnation Lutheran Church

2017-2018

Date: \_\_\_\_\_

Name of Youth: \_\_\_\_\_

Address: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

In case of emergency, if the above person cannot be reached please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Insurance Co: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Are there any special diets, allergies, medications or restrictions of activities that we need to be aware of?  
\_\_\_\_\_

We both realize that while participating in Confirmation, alcohol consumption, smoking, chewing of tobacco and inappropriate behavior are not allowed. If violated, the youth will call his/her parents and the parents will come and take the child home.

As parent/guardian, I give permission for my child to participate in all of the Confirmation Ministry events this year. I give my child permission to ride in vehicles designated by Incarnation when attending fellowship and servant events. I authorize any medical treatment that may be necessary under the circumstances that I cannot be reached. I furthermore release Incarnation Lutheran Church of any liability in these circumstances.

Signature of Youth \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

We plan to take pictures of Confirmation students participating in Confirmation activities and would like to publish them in a variety of publications, both internal and external. Your signature will authorize the use of any photos of your child to be published at the discretion of the Incarnation staff.

Signature of Parent/Guardian \_\_\_\_\_

*Please return this form along with your registration forms to Incarnation on April 26, 2017*