
PROMISE OF PARENTAL COOPERATION FOR CONFIRMATION

St. Peter's Lutheran Church
Waterford, Wisconsin

This form must be filled out and signed before your child can be enrolled in Confirmation Class.
Please return it to Pastor Bischoff at your earliest convenience.

CONFIRMAND'S NAME: _____ BIRTHDATE _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ SCHOOL: _____

I will attend all of the parent sessions.

I will speak to my child enthusiastically about the privilege of confirmation class and its Christian instruction.

I will have my child in prompt and regular attendance, and will willingly assume the responsibility for instructing my child in those lessons which he/she may miss.

I will have my child in regular attendance at worship services and will attend with my child.

I will assist my child in his/her Sermon Studies where this might be helpful.

I will be a good example for my child as a committed Christian, both in the home and in the community.

I will assist my child in his/her lesson preparation, checking memory work, going over assignments with them, making sure their work is completed, etc.

I will pray for my child, the other class members, and the pastor.

I will do all in my power to make this confirmation experience a real spiritual step forward for the entire family.

By placing your signature here, you are agreeing to abide by the statements written above.

PARENTS' SIGNATURE: _____

DATE: _____

If you have any particular concerns about your child that you feel Pastor Bischoff should be aware of [learning difficulties, behavioral problems, etc.] please feel free to write these down on the back of this sheet, or call Pastor Bischoff. They will, of course, remain completely confidential.

The more background information Pastor Bischoff has on your child, the better able he will be to modify his teaching to meet your child's individual needs.