Confirmand Information Form

Please, fill out and return to Michele Febock's mailbox.
Thank you for your help.

Child's name: _____

1) Let us know about your child's and likes and dislikes.

2) Let us know about the activities your child is involved in.

3) Please provide any information that would be helpful to the placement of your child in their small group, i.e. is your child shy/outgoing? Are there peer relationships that we need to consider?

4) Does your child have any medical needs such as allergies that we need to be aware of?

5) What is your child's birth date?

6) What is your child's t-shirt size?