

Bethany Lutheran Church

Rev. Kevin L. Kritzer, M.Div.
Senior Pastor

Rev. Seth Moorman, M.Th.
Pastor of Family Life

Dr. Carol McDaniel
Director of Worship
& Music Arts

Karl Fink, M.A.E.
Christian Education
& Care Ministries

Kayleigh Belvery, DCE
Minister of Youth

Dr. Mary Fink
Principal

Mary Wolfenbarger
Pre-School Director

Rev. Dr. Paul Jacob
Missionary at Large
Asian Indian Community

4644 Clark Avenue
Long Beach, California
90808

(562) 421-4711

www.bethanylutheran.org

August 2019

Dear Parents of Potential and Returning Confirmation Students:

It is time to kick off another year of Confirmation here at Bethany. Confirmation classes are important to the spiritual needs and help to promote growth within our Confirmation students; this program is offered to grades 6th, 7th, and 8th. Confirmation class will continue to take place on Wednesday evenings from 6:30-8:00p.m.

I wish to welcome you who are returning and also wish to invite those of you who have 6th, 7th, and 8th grade students to pray about your family's potential involvement in our Confirmation Program. This multiple year program is all inclusive in its teachings; your children will learn about Scripture, Lutheran Theology and life application of their faith. I cannot stress the importance of participating in all aspects of this program. We feel this program is a vital component in the partnership between church and home in the faith-formation of your child and we believe it is the best way for living faith to be passed down.

Some extremely important dates to get on your calendar are the **Student/Parent Informational Meeting** for **ALL** interested in the program, as well as our start date and retreat. These meetings, on the 11th and the 15th, will last an hour to an hour and a half at most. Both meetings will be held in the Youth Room, you only need to attend one of these meetings. I cannot stress the importance of this meeting enough, and I pray that you will make every effort to attend.

1. If you are a parent & have a student entering or returning, we will be meeting on Wednesday, September 11th at 6:30p.m. and Sunday, September 15th at 12:00p.m. in the Youth Room, you need only attend one of these dates.
2. The First Day of Class will be Wednesday, October 9th at 6:30 p.m.
3. Confirmation Retreat (District Youth Gathering) is Friday, March 22nd to Sunday, March 24th, 2020.

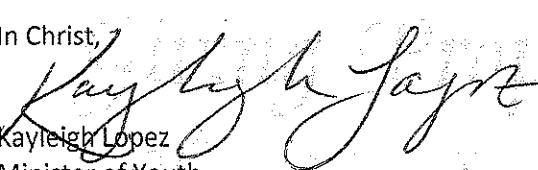
You will find with this letter a number of items enclosed. Please read, fill out, and bring to the meeting on September 6th at 7:15p.m.

1. ORANGE Registration Form
2. GREEN Parent Covenant and Confirmand Covenant (front & back)
3. GREY Year Long Permission Form.

*This will expedite the process of registering your child(ren).

Finally...should you wish to take care of the Confirmation Fee at our meeting, please make checks payable to "Bethany Lutheran Church"; the fee for the class is \$40. This fee cover materials for the class, as well as Confirmation needs throughout the program.

In Christ,


Kayleigh Lopez
Minister of Youth

Cell Phone: 309-397-6583

Email: klopez@bethanylutheran.org

YOUTH CONFIRMATION 2019-2020

Print All Information:

YOUTH's NAME _____
first middle last

YOUTH's ADDRESS _____
street city zip

YOUTH's CELL PHONE (_____) _____

YOUTH's EMAIL _____

YOUTH's BIRTHDATE _____ AGE _____
month day year

CURRENT GRADE _____ SCHOOL ATTENDING _____

PARENTS/GUARDIANS' NAME: FATHER _____
first last

ADDRESS (if different than above) _____
street city zip

MOTHER _____
first last

ADDRESS (if different than above) _____
street city zip

To facilitate our communications with parent(s), to whom shall we direct our calls and letters?

NAME _____

HOME #(_____) _____ CELL# (_____) _____

ADDRESS (if different than above) _____

E-MAIL _____

PLEASE CHECK:

_____ My child has been baptized. _____
Church date

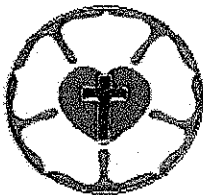
_____ My child has NOT been baptized.

_____ My child has taken the Communion Class at Bethany. ***This information will be confirmed with the church office.**

_____ My child has NOT taken the Communion Class and will complete this class by 8th grade year.

CHURCH FAMILY ATTENDS REGULARLY: _____
Church Name, City

<u>For Office Use Only:</u>	Fee \$40
Registration Fees – Amount Paid \$ _____	Check # _____
	Cash _____



Confirmand Parent Covenant

2019-2020

Circle Grade: 6th 7th 8th

Parent of _____
PLEASE PRINT NAME

Through the power of the Holy Spirit it is the intention of the Confirmand's Parent to:

**Please initial next to each statement to indicate your agreement.*

- _____ ■ *Be a model in leading a Christian lifestyle, making worship a priority, partaking of the sacraments, personal Bible study and prayer, group Bible study, Christian fellowship and service a priority in daily living.*
- _____ ■ *Pray for the Confirmation student.*
- _____ ■ *Encourage the student in all Confirmation requirements, especially memory work, mentor questions, and service projects.*
- _____ ■ *Assist the Confirmation student in completing assignments and checking over assignments prior to group meetings.*
- _____ ■ *Keep Confirmation meetings and activities a priority.*
- _____ ■ *Participate in large group gatherings as time permits.*
- _____ ■ *Assist in fellowship and servant events as encouraged and as time permits.*

Signature of Parent(s)

Student Confirmation Covenant

I, _____, recognize the importance of this special time of spiritual formation through Confirmation. I understand that this is a process of discernment in which I will with the help of God:

- + To hear God's Word and share in the Lord's Supper (Worshiping Faithfully)
- + See a closer relationship with God and with my peers in the group (Forming Spiritually)
- + To serve all people following the example of our Lord Jesus (Serving Passionately)
- + To live among God's faithful people and share the gifts given to me (Giving Proportionately)
- + To proclaim the Good News of God in Christ through word and deed (Sharing Intentionally)
- + Develop a better understanding of the Lutheran Church and its confessions
- + Grow in faith, ponder difficult life questions, and be open to the work of the Holy Spirit in my life
- + Continue in the promises God made in Holy Baptism

In order to accomplish this, to the best of my ability and with the Lord's help, I will strive to:

- + Glorify God with my life
- + Respect, honor and grow with those in my community of faith and my Confirmation class
- + Participate in my community of faith by asking questions and actively listening to others
- + Attend class weekly / attend weekend retreats
 - Missed classes must be made up by speaking with Kayleigh Lopez and receiving class instruction.
- + Worship regularly with my family and my Confirmation family
 - Attend Sunday morning worship at either 8:00, 9:30 or 10:55AM
 - Attend MSG Bible Discovery on Sunday mornings at 9:15AM
 - Attend ReFuel (Evening Prayer) as part of Confirmation
- + Honor my parents and communicate with them throughout the process

Student Signature

Date

Parent Signature

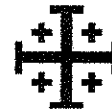
Date



YOUTH MINISTRY PERMISSION FORM

Bethany Lutheran Church

Long Beach, California 90808



**PLEASE PRINT ALL INFORMATION*

Participant's Name: _____

Participant's School*: _____ **Grade:** _____

**If participant attends Bethany Lutheran School, please indicate Teacher's Name:* _____

The undersigned does hereby give permission for my youth _____ to attend and participate in any Bethany Lutheran Church Youth Ministry activities, events including but not limited to, servant events, retreats, Confirmation events, dances and Bible studies during the period of **September 1, 2019 – August 31, 2020.**

1. I acknowledge that an activity could be dangerous (under certain circumstances) and that my child is not required to participate in it. I expressly request that my child voluntarily participate in the event.
2. I waive and forever release and discharge Bethany Lutheran Church, its Board of Youth, and its officers, employees and agents from a liability, claims, loss, cost or expense arising from or attributable to the above mentioned event.

To the best of my knowledge, my child has no physical condition, which would interfere with his/her ability to participate in or attend this event or would endanger his/her health or any other participant's health.

_____ Date Signature of Parent/Guardian

MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in an event, I hereby give Bethany Lutheran Church personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by Bethany Lutheran Church personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Bethany Lutheran Church has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.	_____	
	(Print) Participant's Name	Medical Insurance Co.
	Emergency Phone #	Medical Insurance #
	Home Address	
	Home phone #	Cell phone #
	(Print) Parent(s) Name	Business Phone #
Signature of Parent/Guardian	Date	

Please list any medical concerns your child may have such as allergies, diabetes, asthma, etc.:

