



PO Box 768 ♦ 13025 Newell Ave ♦ Lindstrom MN 55045
651-257-5129 ♦ www.trinitylindstrom.org

Dear Parents,

It's time to start thinking about CONFIRMATION this fall!

Wednesday, SEPT. 13 at 6:00 p.m.: Small Group Guide Training

Wednesday, SEPT. 13 at 6:30 p.m.: Parent/Youth Confirmation **ORIENTATION**
for **ALL 6-8th** graders and parents

- At least *one parent* needs to attend this meeting.
- Enrollment and confirmation retreat forms (enclosed) will be discussed.
- These items will be due along with confirmation registration *fee of \$60* (course material, teen bible and 2 retreats) *by Wednesday, September 13.*
- Make a copy of your *insurance card* so that we have it on file for the year.

Friday, SEPT. 22 – Saturday, SEPT. 23: 6th & 7th grade Confirmation Retreat

from 6:30 p.m. to 8:30 a.m. at TRINITY. *This is required!* We will begin with studying BAPTISM and will have lots of “community-building” activities. Please get this on your calendar. Parents: we’ll need your help. *If you have a conflict, please talk to Linda a.s.a.p.*

Friday, OCT. 6 – Saturday, OCT. 7: 8th grade Confirmation Retreat from 6:30 p.m. to 8:30 a.m. *This is required!* Please get this on your calendar. Parents: we’ll need your help. *If you have a conflict, please talk to Linda a.s.a.p.*

We are **LOOKING FOR confirmation small group leaders!** If you are interested in leading or co-leading a small group, see Linda. **No experience** needed; training is **Wednesday, Sept. 13** at 6:00 p.m. It's a chance to share and grow in your faith.

Watch for information about what **BUS** the students will ride.

**Wednesday, September 20:
Confirmation classes begin.**

Note the SCHEDULE:

- 2:30 – 3:00 Canteen and free time. Youth can buy snacks and drinks.
- 3:00 – 3:40 Confirmation worship and large group teaching time
- 3:45 – 4:30 Confirmation small group time
- 4:30 – 5:30 Jr. Youth Group (fun, games, challenges, and surprises. Hang out with your friends! Youth group is optional, but we highly recommended you have your children try it... it's fun!
- 5:45 – 6:30 Supper (for everyone; families encouraged)
- 6:30 Worship

We encourage you to pray for the Trinity youth daily. We know that God is changing their hearts daily and we are called to help them grow in His grace.

Linda Rambow



2017-2018 Confirmation & Jr. Youth Group SCHEDULE

Classes start at 3 p.m. in the sanctuary. Jr. Youth Group starts at 4:30 in Fellowship Hall.
(JR. YOUTH is optional but lots of fun!)

September 20 Confirmation Class / Jr. Youth
22-23 6th & 7th gr. Confirmation RETREAT at Trinity, **required.**
27 Confirmation Class / Jr. Youth

October 4 Confirmation Class / Jr. Youth
6-7 8th gr. Confirmation RETREAT at Trinity, **required.**
11 Confirmation Class / Jr. Youth
18 NO Confirmation Class or Jr. Youth. MEA weekend.
25 **Faith Friends** (7th and 8th grade) 7:15 p.m.
6th grade Club 2024 7:15 p.m.

November 1 Confirmation Class / Jr. Youth
8 Confirmation Class / Jr. Youth
15 **Faith Friends** (7th and 8th grade) 7:15 p.m.
6th grade Club 2024 7:15 p.m.

NO CLASSES IN DECEMBER

January 10 Confirmation Class / Jr. Youth
17 Confirmation Class / Jr. Youth
24 **Faith Friends** (7th and 8th grade) 7:15 p.m.
6th grade Club 2024 7:15 p.m.
31 Confirmation Class / Jr. Youth (no 6th graders-Wolf Ridge)

February 7 Confirmation Class / Jr. Youth
14 NO confirmation or Jr. Youth: **ASH Wednesday worship with your family at 6:30 p.m. required.**
21 **Faith Friends** (7th and 8th grade) 7:15 p.m.
6th grade Club 2024 7:15 p.m.
23-24 6th & 7th grade Confirmation RETREAT at Hosanna in Forest Lake, **required.**

NOTE: During LENT, NO Wednesday classes. Attendance at Lenten Worship at 6:30 p.m. is required.
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March 2-3 8th gr. Confirmation RETREAT at Trinity, **required.** Watch for details.
21 **Faith Friends** (7th and 8th grade) 7:15 p.m.
6th grade Club 2024 7:15 p.m.

April 4 Confirmation Class / Jr. Youth
11 Confirmation Class / Jr. Youth
18 **Faith Friends** (7th and 8th grade) 7:15 p.m.
6th grade Club 2024 7:15 p.m.
25 Confirmation Class **FINAL** / Jr. Youth

Confirmation Enrollment

Office use only

\$60 paid _____
Rec'd by _____
CE _____
PS/COV _____
Ins _____
WiFi _____
Service _____
Retreat _____

Student _____
first middle name last

Grade _____

Address _____

City _____

Phone _____ Other Phone _____

Household e-mail _____

Birth date _____

Have you been baptized? _____ yes _____ no

At the above address, I live with my Both Mom Dad

Mother's name _____

Father's name _____



Because many youth stay at church from 2:30-7:00 p.m. on Wednesdays, please **contact the school** to have them give your child another dose of their daily medication, if applicable.

We post photos on our website and Facebook. The names will NOT be published or linked with photographs.

Check one or more:

Parents: I will be a part of my child's confirmation program by:

- _____ **being a Faith Friend** (once a month 6x a year; Wed. evenings – although this is flexible)
- _____ **being a small-group leader or co-leader**
- _____ **helping with Jr. Youth Group** (Wednesdays at 4:30)
- _____ **helping with service projects**
- _____ **helping with confirmation retreat(s)**
- _____ **helping with 6th grade CLUB 2024** (once a month 6x a year; Wednesday evenings)

Parent signature: _____

This sheet needs to be turned in **BEFORE**
WEDNESDAY, SEPTEMBER 20

with the fee of **\$60** and **RETREAT** form.



6th – 7th grade Confirmation Retreat

This is required!

Friday – Saturday, **September 22–23** at TRINITY
6:30 p.m. – 8:30 a.m.

EAT BEFORE YOU COME TO THE RETREAT

Be sure to bring: sleeping bag, pj's, personal items, toothbrush, toothpaste, change of clothing **AND** your favorite stuffed animal.

This slip needs to be turned in now or by **Wednesday, Sept. 20.**

Questions? Call 257-5129, ext. 23 or e-mail linda@trinitylindstrom.org

Please **CALL US** if you have a sports or other conflict.

We CAN make it work for you!

✂ ✂ **Tear off below**

PERMISSION / CONSENT FORM: I hereby give my consent to have my minor child,

_____ participate in the **6th – 7th grade Confirmation Retreat** at Trinity on **September 22–23, 2017** with Trinity Lutheran Church, Lindstrom, MN.

I recognize that there are risks involved in participating in this activity with Trinity Lutheran Church and hereby assume all risk of injury, harm, or damage to my minor child as they participate in this activity. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child's participation in programs and related activities. I hereby release Trinity Lutheran Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the event.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church to administer necessary first aid or seek emergency medical attention for my child. I hereby authorize an adult leader of this event, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor's office or in any hospital. I expect to be contacted as soon as possible. I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I give my permission for my child to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child's names will NOT be published or linked with photographs.

Date _____

Signature of Parent/Guardian _____

EMERGENCY INFORMATION: In case of emergency, please contact (when parent/guardian cannot be reached):

Name _____

Phone(s) _____

MEDICAL INFORMATION:

DOCTOR _____ Phone _____ or

CIRCLE ONE: C. L. Clinic 651-257-8400 ♦ Fairview-Wyoming 651-982-7000 ♦ St. Croix Clinic 1-800-642-1336

Please list any allergies _____

Medications being taken _____

Medical/dietary needs _____

Physical handicaps or limitations _____

Medical insurance company _____ Policy# _____ Group # _____

Parents:

Would you be willing to help with the whole retreat? yes _____ no _____

Would you be willing to help from 6:30 – 10:30 pm? yes _____ no _____

from 10:00 p.m.–1:00 am? yes _____ no _____

with breakfast 7:30–8:30 am? yes _____ no _____

← **We need at least 10 - 12 adults to help!**

8th grade Confirmation Retreat

This is required!

Friday – Saturday, **October 6 – 7** at TRINITY
6:30 p.m. – 8:30 a.m.

EAT BEFORE YOU COME TO THE RETREAT

Be sure to bring: sleeping bag, pj's, personal items, toothbrush, toothpaste, change of clothing.

This slip needs to be turned in now or by **Wednesday, October 4.**

Questions? Call 257-5129, ext. 23 or e-mail linda@trinitylindstrom.org

Please **CALL US** if you have a sports or other conflict.

We **CAN** make it work for you!

✂ ✂ **Tear off below:**

PERMISSION / CONSENT FORM: I hereby give my consent to have my minor child,

_____ participate in the **8th grade Confirmation Retreat** at Trinity on **October 6 – 7, 2017** with Trinity Lutheran Church, Lindstrom, MN.

I recognize that there are risks involved in participating in this activity with Trinity Lutheran Church and hereby assume all risk of injury, harm, or damage to my minor child as they participate in this activity. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child's participation in programs and related activities. I hereby release Trinity Lutheran Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the event.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church to administer necessary first aid or seek emergency medical attention for my child. I hereby authorize an adult leader of this event, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor's office or in any hospital. I expect to be contacted as soon as possible. I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I give my permission for my child to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child's names will NOT be published or linked with photographs.

Date _____

Signature of Parent/Guardian _____

EMERGENCY INFORMATION: In case of emergency, please contact (when parent/guardian cannot be reached):

Name _____

Phone(s) _____

MEDICAL INFORMATION:

DOCTOR _____ Phone _____ or

CIRCLE ONE: C. L. Clinic 651-257-8400 ♦ Fairview-Wyoming 651-982-7000 ♦ St. Croix Clinic 1-800-642-1336

Please list any allergies _____

Medications being taken _____

Medical/dietary needs _____

Physical handicaps or limitations _____

Medical insurance company _____ Policy# _____ Group # _____

Parents:

Would you be willing to help with the whole retreat? yes _____ no _____

Would you be willing to help from 6:30 – 10:30 pm? yes _____ no _____

from 10:00 p.m.–1:00 am? yes _____ no _____

with breakfast 7:30–8:30 am? yes _____ no _____

We need at least 10 - 12 adults to help!