

PO Box 768 ⬧13025 Newell Ave ⬧ Lindstrom MN 55045

651-257-5129 ⬧ [www.trinitylindstrom.org](http://www.trinitylindstrom.org)

August 7, 2025

It’s August and time to start getting ready for school and Confirmation! We are looking forward to beginning classes on Wednesday afternoons after school this fall. The relationships we create on our faith journeys carry throughout our lives.

There will be **an orientation meeting for all 6th-8th grade families on Wednesday, September 10 at 6:30. Please** make sure **one parent and the confirmand attend the meeting**. The forms are attached here for you to read through and fill out. **Parents – consider being a small group leader** (can be done with another adult) and helping at retreats and other events.

**Class dates 2025-2026 We are trying a new schedule this fall. We hope this will be good for the kids and our adults who help.**

After school on Wednesdays, **Linda will pick up the youth at the middle school with the church van** and bring them back to church. The **canteen will be open** from 2:30- 3 pm to buy snacks and pop.

**Youth group will be from 3-4:15 pm**. The kids can play games, relax, work on homework, etc.

**Confirmation will begin at 4:15 pm and go until 5:30.**

**Supper (5:45 pm) and Wednesday Worship at (6:30 pm)** follow Confirmation classes and small groups.

September 17, 24

October 1, 8, 29 No class on October 15 (MEA weekend) Mystery trip – October 16-17

November 5, 12

December – no classes There will be Wednesday worship (Advent services) in December.

January 7, 14, 21

February 4, 11 February 18 – Ash Wednesday Service- no class or youth group.

Soup Supper begins.

March 4, 25 No class on March 11 (9-13 – Spring Break)

April 1, 15, 22, 29

**Fall Retreat:** 6-8th grades – September 26, 6-10:30 pm at Trinity.

**Winter Retreat**  date and time to be determined later.

**Faith Friends** (7th and 8th graders) & **6th Grade Club** in the evening.

October 22 November 19 January 28 (depends on Wolf Ridge)

February 25 March 18 April 8

**Please fill out, sign and return the following on or before Sunday, September 15.**

We must have these forms and copy of insurance before we begin our Confirmation year.

**Enrollment Form, Permission Form along with a copy of your insurance card,**

**WiFi Agreement, Covenant, and a check or cash for $75.**

**A close up of a letter

Description automatically generated**We encourage you to pray for our youth daily. We know that God is changing their hearts each day and we are part of their faith journeys! Peace,

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**Confirmation Enrollment**

**\*ONE FORM PER YOUTH**

## Student (first, middle, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_ School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Baptism Date: \_\_\_\_\_\_\_\_\_\_\_ Received First Communion: yes no

I live with: \_\_ Mom \_\_ Dad \_\_ Both (Same household) Both (Separate households)

**Family Information:**

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St. \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Trinity \_\_\_ yes \_\_\_no

Student’s cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information (if applicable):**

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St. \_\_\_\_\_ Zip\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Trinity \_\_\_ yes \_\_\_no

Student’s email (**not their school email**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact OTHER THEN A PARENT, to be used if parents cannot be reached:**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### We post photos on our website, Facebook and Instagram. The names will NOT be published or linked with photographs. If you wish your child’s photo not be posted on social media, please check here. \_\_\_

PARENT INVOLVEMENT

**Parents:** *As the year progresses and we are able to have small group service projects, retreats, or activities with parents help. Please let us know if you would be willing to be a part of one or more of the activities.*

**Would you be willing: to be a small group leader?  *Yes\_\_\_ No***

**to be a volunteer for retreats or service projects?  *Yes\_\_\_ No\_\_\_***

**to be a Faith Friend (mentor) for 7th/8th graders or help with 6th grade club/service project** *(once a month on Wednesday night)***?  *Yes\_\_\_ No\_\_\_***

## Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Office use only

*$75 paid \_\_\_\_\_\_\_\_\_\_\_\_*

*Rec’d by \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Enr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PS\_\_\_\_\_\_*

*Ins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*WiFi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Covenant\_\_\_\_\_\_\_\_\_\_\_\_*

CK # \_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_

##### This **form** needs to be **turned in** ***BY Sunday, September 14***

##### with the fee of $75, along **with the permission form**

##### and a **copy of your insurance card**.

**When at confirmation or a youth activity, I will do my best by…**

* being **respectful** of others and myself; by being **polite** to others; by not making fun of others, by not calling them names or picking on them. I will **not bully** anyone. I will not be involved in any physical punching or fighting; **I will keep my hands to myself.** I will not swear or curse. **I will show appropriate behavior and participate fully.**
* **listening to and being respectful** of all leaders and staff.
* being where I am supposed to be in the building, **being prepared**, **on time and ready to go**.
* **being respectful of all property** –whether it is the church’s or personal belongings of someone else. Destructive behavior will not be tolerated. Damage done to any church property will be paid for and/or restored by those responsible.
* **focusing on healthy relationships**. No PDAs (physical display of affection).
* **valuing safety, modesty, and honesty**. I will not create or distract others in any way. The following items are **not allowed** in large group or small group:

Cell phones, iPads, iPods, laptops, etc.

All music and media devices, games, etc.

Fireworks and firearms

Offensive clothing. *Please dress modestly. Degrading t-shirts, underwear showing, revealing top; caps/hats and hoodies (with the hood up) are not allowed during prayer or in worship spaces.*

Drugs, alcohol, tobacco products or any illegal products for minors

Any item deemed unacceptable or distracting by leadership can be taken away and will be returned at the end of the program day.

**During the year, I will…**

* + **worship** with my family regularly (either online or in person, if possible).
  + **fill out and turn in 20 worships reports** by the end of May**. There are 2 services on Sunday mornings and 1 service on Wednesday nights.**
  + **be part of a service project**. (More information to follow on this as the year goes.)
  + **attend the fall and winter Confirmation retreats. This is required class time.**

**COVENANT RESPONSE**

*I have read the “I will do my best” and “During the year, I will” expectations listed above.*

*Please sign below to say that you will do your best at confirmation and youth activities.*

*Parents – also please sign below.*

***AS A STUDENT,*** *I understand that if I am being disrespectful, disruptive, and not participating, I will receive a warning. If I continue in an inappropriate manner, I will be asked to go to the office and call my parents to pick me up.* ***I promise to do my best.***

**Youth Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***AS A PARENT,*** *I understand that if my child is not behaving appropriately or participating in class or activity, I will be called and be asked to pick them up.*

***I have gone over these expectations with my child and we both understand them.***

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A group of people jumping

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**Permission Form for Youth Activities and Confirmation Classes**

**Trinity Lutheran Church- Lindstrom MN**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in the youth activities and confirmation classes at Trinity Lutheran Church in Lindstrom MN. While reasonable adult supervision is given, in case of an emergency, accident or injury, I give permission for my child to receive medical treatment if needed. I expect to be contacted as soon as possible. I hereby release Trinity, its staff and sponsors, from responsibility or liability for any injury or illness that my child may sustain during the activity, class or 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.

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

**Medical Information**

Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CL Clinic 257-8400 ~ Fairview Lakes-Wyoming 982-7000 ~ St. Croix Clinic 800-642-1336

Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any medical information we should know about (allergies, medication, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM. Thank you.**

**Photos/Videos**

**\_\_\_\_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 name will NOT be published or linked with photographs.

**\_\_\_\_I do not give permission for my child’s picture to be posted on Trinity’s social media**

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

A close-up of a logo

Description automatically generatedLUTHERAN CHURCH

ELCA - LINDSTROM, MINNESOTA

# Internet and Online User Agreement

Agreement for use of wireless internet at Trinity English Lutheran Church

Trinity English Lutheran Church offers free wireless Internet access to visitors and members using their laptop computers or other mobile devices. The following conditions must be accepted before users may access the Internet: The wireless internet access we offer is unfiltered. By choosing to use this free wireless service you agree to abide by our policies which prohibit abusive or illegal activity while using the Trinity's Internet Service. Parents and students must acknowledge that they:

o Will use all communication and collaboration tools appropriately

o Will not use these tools in any way to bully, harass, or threaten other students or individuals

o Will not engage in deliberate acts associated with interfering or disrupting networks or account

services

o Will not engage in any form of unlawful activity

o Will not use the church's system to access, review, upload, download store, print, post, receive, or distribute: 

* Inappropriate images
* Obscene, abusive, profane, lewd, rude, inflammatory, threatening, disrespectful or

inappropriate language

* Materials or information that includes language or images that are inappropriate in or disruptive
* Materials that use language or images that advocate violence or discrimination toward other people (hate language) or that may constitute harassment or discrimination
* It is the responsibility of the user to understand these policies and his/her obligation to refrain from viewing inappropriate websites, spamming or any illegal activities.
* Printing is not available over the Wifi network.
* Wireless users should not transmit credit card information, passwords or any other sensitive personal information over the church's wireless network as the church' s wireless network is not secure. Anti-virus and security protection are the responsibility of the user.
* Use of the wireless network is at your own risk and Trinity English Lutheran Church is not responsible for any loss of data, or for theft or damage to personal equipment or software.
* Church staff cannot provide technical assistance to users using the church's wireless network. Staff cannot configure your laptop or wireless device.
* There is no guarantee that a wireless connection can be made or maintained. This service is not to be used as a permanent connection. The connection shall not be used for time-consuming commercial purposes.

The church reserves the right to terminate a wireless Internet session at any time.

As a user of the Trinity English Lutheran Church computer network, I understand and hereby agree to abide by the above stated Internet and Online User Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and/or appropriate legal action taken.

***Continued on the back. Please sign and date the form.***

Student Name (please print): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade**: \_\_\_\_\_\_\_**

Student Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_**

As the parent or legal guardian of the minor student signing above, I have read the Internet and Online User Agreement. I also accept that it is impossible for Trinity English Lutheran Church to restrict access to all controversial materials, and I will not hold Trinity English Lutheran Church responsible for materials acquired on the network. I accept responsibility for guidance of Internet use at home, setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent/Guardian Name (please print):

Parent]Guardian Signature: Date: