Trinity LUTHERAN CHURCH
ELCA - LINDSTROM, MINNESOTA

PO Box 768 ♦13025 Newell Ave ♦ Lindstrom MN 55045

651-257-5129 ♦ www.trinitylindstrom.org

August 5, 2025

It's August and time to start getting ready for school and Confirmation! We are looking forward to beginning classes on Wednesday afternoons this fall.

There will be **an orientation meeting for all 6th-8th grade families on Wednesday, September 9 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 2026-2027 **Our afternoon schedule worked well last year. We will continue this schedule as it allows kids to attend practices after school and they can come to class at 4:30 pm.**

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 4:30 pm and go until 5:30.
Supper (5:45 pm) and Wednesday Worship at (6:30 pm) follow Confirmation classes and small groups.

*September 16, 23, 30
* October 7, 21 **October 14 -No class** (MEA weekend) **Mystery trip** – October 15-16
For 6th graders: Wolf Ridge week is October 26-28/28-30.
*November 4, 11 **November 25- No school**- Thanksgiving weekend.
*December – **no classes** There will be **youth group** the first two weeks in December.
*January 6, 13, 27
*February 3, 24 **February 10** - **no class or youth group** – Ash Wednesday Service at 6:30 pm. Soup Supper begins.
*March 3, 17, 24 (Youth Group) **March 10** – **no class** (8-10 – Spring Break)
*April 7, 14, 28 (Last Day)

Fall Retreat: 6-8th grades – September 18, 6:30-10:30 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 28 November 18 January 20 February 17 March 31 April 21

Please fill out, sign and return the following on or before Sunday, September 13.
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, Covenant, and a check or cash for $75. *Trinity does not take credit cards or use Venmo.*

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, Linda Rambow

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:

_____

CK # _____ Cash _____

This **form** needs to be **turned in BY Sunday, September 13** with the fee of **$75**, along **with the permission form** and a **copy of your insurance card**.

Office use only

$75 paid _____
Rec'd by _____
*Enroll*_____
*Perm Form*_____
Ins _____
*Covenant*_____

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 _____

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 <u>COPY OF YOUR INSURANCE CARD TO THIS FORM</u>. 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: _____