

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please answer the following questions as the information will help me plan for the fall.

1. Why are you deciding to go through this process? Or why are you encouraging your child to go through this process?
2. What are you looking forward to the most?
3. What can I do for you to help make this experience have the most impact?
4. What day could you do C-Life on? Cross out the days that would **NOT** work for you.

Sunday	Monday	Tuesday	Wednesday	Thursday
5:00 - 6:30	5:00 - 6:30	5:00 - 6:30	5:00 - 6:30	5:00 - 6:30
7:00 - 8:30	7:00 - 8:30	7:00 - 8:30	7:00 - 8:30	7:00 - 8:30

Parents, listed below are volunteer opportunities that we have throughout the confirmation year. We would love to have your help if you are interested. Please circle ones that you would be willing to help with.

- Kick off party (September)
- SOAP dinner (October)
- Confirmation Meeting with session (April 19th)
- Confirmation Dinner (April 24th)
- Confirmation Breakfast (April 25th)
- Facilitate a SOAP event
- Facilitate a service project

Retreats are a huge part of our program. We have two required retreats. Please indicate if there is a weekend that will not work due to previous commitments or school plays, events, etc.

Please indicate if you have a Significant Other Adult Person (SOAP) in mind for you or your child? They must be an active member, same sex as confirmand, and not another confirmands parent. _____