

# FastTrack Registration



## High School Students!

The fall is fast approaching and it's time to register for FastTrack! **What is FastTrack?** GREAT question! FastTrack is a one-year, programmed ministry that leads high school students through God's word and a deeper teaching on the doctrine of the church. **What is doctrine?** Another GREAT question! Doctrine, or theology as some call it, is the statement of beliefs we hold as a church. Doctrine answers questions like: *Why do we baptize infants?* And: *What really happens in the Lord's Supper?* Or: *Do the Ten Commandments still matter today?*

At the end of the one-year FastTrack ministry, students are welcomed to confirm their faith through Confirmation. **What is confirmation?** You are asking GREAT questions! Confirmation is the opportunity for students to confirm what happened in their baptism. Think about it, as youth grow, they are given more responsibility and are expected to know things they did not know when they were younger. Through confirmation we say to youth, *"We want you to 'own' your faith and take a personal stand for Jesus. We trust you and are turning over a piece of responsibility to you."* In turn our kids make the declaration, *"Yes, I do believe in Jesus, the beliefs of this church, and I desire to continue to grow in His ways and live a life that serves Him."*

### ***What happens in FastTrack?***

FastTrack is a programmed ministry. That means there are some expectations and requirements through the year, but we hope you will find FastTrack is much more about the friends that are made and the spiritual growth and fun that is had with other High School students and adult mentors who are at FastTrack.

FastTrack is taught by adult mentors. Mentors are adults who have committed to take this journey with the students for the next year. Our mentors are carefully selected, background checked and attend quarterly training meetings. They will lead the group's lessons, help keep parents informed and create fun experiences for the group. In many cases the mentor becomes a friend and a guide students count on for years to come.

FastTrack will meet on Sunday mornings from 9am-10:10am on the first floor of Cornerstone.

### ***Important Dates – Mark your calendars now!***

September 13, 2009  
9am-10:10am, Cornerstone

First week of FastTrack!

April 27, 2010  
6:00-9:00 pm  
St. John Commons

Confirmation Banquet, 6pm  
Rehearsal, 7pm  
& Testimonies, 8pm

May 1, 2010  
2:00 pm, St. John Sanctuary

Confirmation Service

### ***Register NOW!***

There are many details to be worked through as we prepare for FastTrack. Your registration is important to us and our planning process. Complete the enclosed forms and drop them off or mail to St. John Lutheran Church, 15800 Manchester Road, Ellisville, MO 63011, ATTN: Gail Tieman. **Please register ASAP.**

For more information or questions regarding FastTrack you can contact:

# FastTrack 2009-2010

## High School - Registration Form

Student's full name as it appears on birth certificate:

\_\_\_\_\_

Name student goes by (if different than birth name):

\_\_\_\_\_

Student's home address:

(Street) \_\_\_\_\_

(City, State & Zip) \_\_\_\_\_

Student's phone number(s):

(Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Cell) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Height: \_\_\_\_\_

### PARENT INFORMATION

Mother \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Please choose a Bible verse to be read at your confirmation (list book, chapter and verse):

\_\_\_\_\_

Is there anything we should know about your child [i.e., allergies, learning disabilities, special needs, etc...] that will enable us to better serve your child in FastTrack? If so, please describe here or call Will Hanke at 636.779.2352 to discuss.

\_\_\_\_\_

\_\_\_\_\_

Return completed forms and fees to:

St. John Lutheran Church

15800 Manchester Road

Ellisville MO 63011

ATTN: Gail Tieman—OASIS Forms

Registration Check List

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Payment Worksheet and Registration Fees **or**

\_\_\_\_\_ Scholarship Request Form

\_\_\_\_\_ *Who am I?* Form



ST. JOHN

LUTHERAN CHURCH

AT THE INTERSECTION OF FAITH AND LIFE

**Please register ASAP.**

# FastTrack

## PAYMENT WORKSHEET 2009-2010

(Please register ASAP)

### COST INFORMATION

FastTrack includes much more than youth sitting in rows, studying the catechism. It includes interaction and application through various activities and service projects. This type of program demands a significant financial commitment.

St. John congregation is committed to offset the expenses for the FastTrack ministry. Only a portion of the actual costs are passed on to the individual families. If the cost for this ministry causes any hindrance in participation, please contact us right away for scholarship assistance.

2009-2010 Fees - \$215.00

- Cost covers: Student materials, activity supplies, catered dinner for confirmand and two parents/guests, confirmation robes and cords. **Does not include cost of confirmation photos.**

*Please fill out Payment Worksheet and return with Registration Form and fees to church office.*

Student's Name \_\_\_\_\_

Registration Fees:

\_\_\_ **High School:**                    \$215.00

\_\_\_ gift enclosed towards FastTrack Confirmation ministry...Envelope# \_\_\_\_\_

(Although regular FastTrack fees may not be considered as contributions, a gift towards FastTrack Confirmation ministry does qualify as a tax-deductible contribution... please include your envelope number, if you are a St. John member)

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### Scholarship Request Form

Head of household information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Employer \_\_\_\_\_ Work status \_\_\_\_\_

What amount of the FastTrack registration fees do you feel you need help with? \$ \_\_\_\_\_

Please, share any information you would like us to know or that would be helpful as we consider this request.

# Medical Release Form

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

The undersigned hereby authorizes and consents to any medical care, treatment or procedure, including doctor, hospital, and related services, as may be deemed necessary for the participant by an authorized representative of the Church if the participant is incapacitated and unable to make and communicate a health care decision. The undersigned acknowledges that this authorization and consent is given in advance of any specific injury or illness, and is given to enable the Church's authorized representative to exercise his or her best judgment as to any diagnosis or treatment which may be required. The Church and its Representatives, including any authorized representative of the Church, shall not have any liability or responsibility for any mistake or error in judgment made in good faith in approving any care, treatment or procedure for the undersigned. This authorization and consent shall remain in effect from June 1, 2009 through September 30, 2010, unless sooner revoked in writing by the undersigned. Third persons (including doctors, hospitals and other health care providers) may nevertheless rely upon the certification of any authorized representative of the Church as to the current effectiveness of the authority and consent provided hereunder. Furthermore, the undersigned hereby releases any health care provider who provides any medical care, treatment or procedure to the undersigned in reliance on this instrument, from any and all claims, suits, or liabilities arising out of or with respect to said care, treatment or procedure.

IN FURTHERANCE THEREOF, the undersigned has executed this instrument as his/her free act and deed.

Participant's Signature \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Father's Signature \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Mother's Signature \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**Neighbor or Relative to contact in emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL BACKGROUND INFORMATION**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Food or Medical Allergies \_\_\_\_\_  
 Date of Last Tetanus Shot \_\_\_\_\_ Hep A \_\_\_\_\_ Hep B \_\_\_\_\_  
 Medical Disorders \_\_\_\_\_ Special Instructions \_\_\_\_\_  
 Current Medications \_\_\_\_\_

*Please include a copy (front and back) of your current insurance card. Please contact the Church office (636.394.4100) if this information changes.*

# Who am I?

Please complete the following. This will greatly assist mentors in getting to know you and what YOU like!

NAME: \_\_\_\_\_

Name(s) of Sibling(s): \_\_\_\_\_

Are you the oldest, youngest, middle, only? \_\_\_\_\_

Name(s) of Best Friend(s): \_\_\_\_\_

Favorite Hobbies: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite Class: \_\_\_\_\_

Favorite Sporting Event: \_\_\_\_\_

Favorite Bible Character: \_\_\_\_\_

Favorite TV Show: \_\_\_\_\_

Favorite Book: \_\_\_\_\_

Favorite Music / Group: \_\_\_\_\_

Activities I'm involved in: \_\_\_\_\_

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**If you are to know the real me, you need to also know:**

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