

Confirmation Christian Education Credit Form

6 Credits Needed Each Year

Your Name: _____ Grade: _____

Phone Number: _____ Today's Date: _____

Event or Class Name: _____

Date(s) and Time(s) of event: _____

What exactly did you do, talk about, or experience in this event?: _____

How did this affect your faith life? _____

Because of this event, what do you wish you knew more about? _____

What about this experience was most difficult for you? _____

What was your favorite part of this experience? _____

Your signature: _____

Authorized Adult signature: _____