

HOPE'S CHILDREN REGISTRATION FORM

2010 - 2011

Hope Lutheran Church

46 Dare Rd. Selden, NY 11784 (631) 732-2511 Fax:(631) 732-8369

hopelutheran@msn.com

Please complete ALL information.

Use one form for **each child** being registered.

Today's Date _____

New Student in Program

Child's Name _____ Phone # _____
First name Middle Name Last Name

Address _____ Date of birth _____
Number Street Town Zip

E-Mail Address (child or family) _____ @ _____

Parents' Names _____
Father Mother

Parents' Cell Phone Numbers _____
Father Mother

Member of which Church _____
Father Mother

Emergency contact: Name _____ Cell phone# _____

Grade in September 2010 _____ School attending in September 2010 _____

Special concerns or allergies _____

Date of Baptism _____ Place of Baptism _____

Would you need a car pool? _____ Would you be willing to provide a ride for other children? _____

Would you be willing to: (Indicate F or M or B for both)

Lead a group or class _____ Substitute _____ Help with crafts _____ Help with music _____

Help prepare dinners _____ Plan and help with special activities _____ Provide snacks _____

CHOICE(S) OF PROGRAM (Check off all that apply)

The cost of the program is listed next to choices below. Please make checks payable to Hope Lutheran Church. **Payment should be made at time of registration, if possible**. No child will be denied participation because of inability to pay the registration cost.

Sunday Morning Sunday School 9:15 am. For children in grades pre K - 5 (\$50 per year)

Kids Choir Club Wednesdays 4:15 pm - 5:45 pm. For children age 4- grade- 5 (\$50 per year)

For Office Use Only:

Date _____ Amt. Enclosed _____ Ck # _____ Cash _____ By whom? _____

Computer entry made _____ By whom? _____

Will pay later, by _____

Date