

HOPE'S CHILDREN REGISTRATION FORM

2011-2012

Hope Lutheran Church

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

hopelutheran@msn.com

The cost of each program will be \$50. *Payment should be made at time of registration.* Please make checks payable to Hope Lutheran Church.

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 2011 _____ School attending in September 2011 _____

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: _____