

HOPE'S TEEN MINISTRY REGISTRATION FORM

for 2010-11

Hope Lutheran Church

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

hopelutheran@msn.com

The cost of the program will be \$75. *Payment should be made at time of registration.* Please make checks payable to Hope Lutheran Church.

Please complete ALL information.

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): _____ @ _____

Special concerns or allergies _____

Date of Baptism _____ Place of Baptism _____

School attending in Sept. 2010 _____ Grade in September 2010 _____

Parents' Names _____
Father Mother

Cell Phone Names _____
Father Mother

(Emergency Use Only)

Member of which Church _____
Father Mother

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

Would you be willing to:

Serve on the "Crazy Parents' Committee" _____ Lead a small group _____ Substitute for a group leader _____

Help with sports activities _____ Help with crafts _____ Help with music _____ Help prepare dinners _____

Provide a meal _____ Plan and help with special activities _____ Drive and chaperone Teen Retreats _____

Office Notes:

For office use only:

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

Computer entry made _____ By whom? _____