

HOPE'S CHILDREN REGISTRATION FORM

2005-2006

Hope Lutheran Church

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

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 _____

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

Parent's Names _____
Father Mother

Member of which Church _____
Father Mother

Emergency contact: Name _____ Cell phone# _____

Grade in September 2005 _____ School attending in September _____

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:

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.*

Sunday Morning Sunday School (\$50) 9:30 am. For children in grades pre K - 5

Kids Club Wednesdays (\$50) 4 pm - 5:30 pm. For children in grades K - 5

For Office Use Only:

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

Computer entry made _____ By whom? _____