For returning students, just update ANY CHANGES and return form as soon as possible.

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## **TEEN MINISTRY REGISTRATION FORM**

## for 2022-23

Hope Lutheran Church

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

office@hopeluth.com

iease comp	olete ALL informa				ent being registered
Today's Date			New Student in Program		n
Student's Na	ame				Phone #
	First Nam	e Midd	le Name	Last Name	
Address					Date of birth
	Number	Street	Town	Zip	
E-mail Add	ress (Student o	r family):			@
Special conc	erns or allergies				
Date of Bapt	tism		Pla	ice of Baptism	
School atter	nding in Septemb	er 2022			Grade in September 2022
Parents' Nai	mes				
Fathe					Mother
Cell Phone Numbers (Emergency Use Only)		Father			Mother
Mombor of	which Church				
	which Church _	Fathe	r		Mother
			Would you b	e willing to prov	ide a ride for other students?
would you i	be willing to: Serve on the	*Parents' Sup	port Committ	:ee* L	ead a small group Substitute group leader
Help with:	sports activiti	es <u> </u>	rafts	music d	ance setting up dinners
Assisting wi	th worship servic	es	Playing for ser	vices (Instrumen	t:
					NightsDrive and chaperone Teen Retreats
		-			stration. The cost of the program is \$75. ability to pay the registration fee.
	_			ayable to <b>Hope L</b>	
		Payment En	closed N	/ill pay later	Scholarship requested Payment online at hopeluth
Office Notes					
-,,,	-				
	,				
For office us	e only:				
Date		_			By whom?
Computer e	ntry made	By w	hom?	<u> </u>	
Revised 9-7-2	022				