

HOPE'S CHILDREN'S REGISTRATION FORM

2020-21

Hope Lutheran Church

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

office@hopeluth.com

If a returning student, please update any information and return. 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 2020 _____ School attending in September 2020 _____

Special concerns or allergies _____

Date of Baptism _____ Place of Baptism _____

Would you need a carpool? _____ 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*)

There will be no charge for any of the programs listed below.

Sunday Morning Sunday School For children in grades pre- K- 5

Kids' Choir Club Wednesdays 4:15 pm - 5:45 pm. For children age 4- grade- 5

Hugs Tuesdays 12:15-1:30 pm For children 3 and 4 yrs old

For Office Use Only:

Date _____ Computer entry made _____ By whom? _____