

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

TEEN MINISTRY REGISTRATION FORM

for 2020-21

Hope Lutheran Church

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

Please complete ALL information. Use one form for *each* student being registered

Today's Date _____ New Student in Program

Student's Name _____ Phone # _____
First Name Middle Name Last Name

Address _____ Date of birth _____
Number Street Town Zip

E-mail Address (Student or family): _____ @ _____

Special concerns or allergies _____

Date of Baptism _____ Place of Baptism _____

School attending in September 2020 _____ Grade in September 2020 _____

Parents' Names _____
Father Mother

Cell Phone Numbers _____
(Emergency Use Only) Father Mother

Member of which Church _____
Father Mother

Would you need a carpool? _____ Would you be willing to provide a ride for other students? _____

Would you be willing to:
Serve on the *Parents' Support Committee* _____ Lead a small group _____ Substitute group leader _____

Help with: sports activities _____ crafts _____ music _____ dance _____ setting up dinners _____

Assisting with worship services _____ Playing for services (Instrument: _____)

Provide a meal _____ Help with special activities _____ Assist with Teen Nights _____ Drive and chaperone Teen Retreats _____

*If possible, please make your payment at time of registration. The cost of the program is \$75.
All students will be enrolled regardless of their ability to pay the registration fee.*

Please make checks payable to **Hope Lutheran Church**.
 Payment Enclosed Will pay later Scholarship requested Payment online at hopeluth.com

Office Notes:

For office use only:

Date _____ Amt. Enclosed _____ Ck # _____ Cash _____ By whom? _____
Computer entry made _____ By whom? _____