

HOPE'S CHILDREN'S FAMILY REGISTRATION FORM 2022-23

Hope Lutheran Church

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

office@hopeluth.com

Family Name _____ Today's Date _____

Child*: _____ Grade _____ Allergies? _____
First name Middle Name Last Name

_____ Grade _____ Allergies? _____

_____ Grade _____ Allergies? _____

_____ Grade _____ Allergies? _____

_____ Grade _____ Allergies? _____

*(Additional children on back)

Address _____ Phone # _____
Number Street Town Zip

E-Mail Address (*family*) _____ @ _____

Parents' Names _____
Father Mother

Parents' Cell Phone Numbers _____
Father Mother

Member of which church _____
Father Mother

Emergency contact: Name _____ Cell phone# _____

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 _____

CHOICE(S) OF PROGRAM (*Check off all that apply*) There is no charge for any of the programs listed below.

Sunday Morning Sunday School 9:00 For children in grades pre- K- 4

Sunday Morning Pre-Teen Class 9:00 For children in grade 5

Kids' Club Wednesdays 4:00 pm - 5:30 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? _____