

Lutheran Memorial Church Religious Education Registration 2010-2011

Name _____
Date of Birth _____ Grade (for 2010-2011 school year) _____
Baptismal Date _____ Member of LMC? Yes _____ No _____
Please list any allergies or special needs _____

Mom's Name _____ Dad's Name _____
Home Phone # _____
Mom's Work # _____ Mom's Cell # _____
Dad's Work # _____ Dad's Cell # _____
Mom's Email Address _____
Dad's Email Address _____
Additional contact person and phone # in case of emergency _____

Please check one: _____ Wednesday School (begins September 8, 2010)
_____ Sunday School (begins September 12, 2010)

_____ Nursery (3 year) _____ Kindergarten _____ 2nd grade _____ 4th grade
_____ Pre-Kindergarten (4 yr) _____ 1st grade _____ 3rd grade _____ 5th grade

Check all that apply:

_____ My child may be interested in participating in a children's choir.
_____ My child may be interested in participating in a children's bell choir.
_____ My child will attend the 3rd-5th grade after school supervised time on Wednesday from 3:00-4:00.
_____ We are interested in helping lead the Souper group (1st-2nd gr.) or Peanut Butter Bunch (3rd-5th gr).

How will you help?

_____ Teacher _____ Substitute Teacher _____ Teacher's Helper _____ Opening/Music Leader

I give my permission for the above named child to participate in any activity planned for Sunday/Wednesday School. I give permission for my child to be taken to a doctor or hospital and authorize medical treatment if needed.

Parent/Guardian Signature _____ Date _____