**Date Registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Hope Lutheran Sunday School Registration 2022-2023

 **260 Vincent Street, Fond du Lac, WI 54935 (920) 922-5130**

**Parent/Guardian (Father):**

Name: Member – Yes / No

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this Primary Address? Yes/No Is this a change from last year? Yes/No Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

**Parent/Guardian (Mother):**

Name:  **Member** – Yes / No

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this Primary Address? Yes/No Is this a change from last year? Yes/No Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

**Emergency contact #1:**

Name: **Member** –Yes / No Phone:

Relationship:

**Emergency contact #2:**

Name: **Member** –Yes / No Phone:

Relationship:

**Who will be bringing your child?** (Grandparent/friend, etc**)**:

Name: **Member** –Yes / No Phone:

Relationship: Cell:

Name: **Member** –Yes / No Phone:

Relationship: Cell:

**Who will be picking up your child?** (If different from person bringing your child**)**:

Name: **Member** –Yes / No Phone:

Relationship: Cell:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Child | Age | M/F | Birthdate | BaptizedYes or No | Grade2022-2023**\*Students must be** **4 yrs. old by** **Sept. 1, 2022** | Food Allergies/Medical Concerns orSpecial Needs for the classroom |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* Will your child’s Sunday School attendance be irregular due to a special situation (such as joint custody, etc.)? Yes / No

 *If yes, please explain*:

* I grant Hope Lutheran Church the right to use, publish, and copyright my child’s image (including audio, moving image or photograph) for educational programs, websites and promotions of Hope Lutheran Church.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you do not grant consent please check here** \_\_\_\_\_\_.

**Parent/Guardian Opportunities**

**Name: Phone/Cell/Email**

**Mark all areas of interest:**

 Teacher – circle grade(s) preference: 4 year olds, Kindergarten, 1, 2, 3, 4, 5, 6, 7, 8

 Room Helper – circle grade(s) preference: 4 year olds, Kindergarten, 1, 2, 3, 4, 5, 6, 7, 8

 Substitute Teacher – circle grade(s) preference: 4 year olds, Kindergarten, 1, 2, 3, 4, 5, 6, 7, 8

 Teach Kids Songs Sew Costumes Assist at Christmas Assist in Office

 Copying/Printing Help w/Registration Assist Decorate Take pictures

 Decorate Bulletin Board Assist w/Vacation Bible School

**Name: Phone/Cell/Email**

**Mark all areas of interest:**

 Teacher – circle grade(s) preference: 4 year olds, Kindergarten, 1, 2, 3, 4, 5, 6, 7, 8

 Room Helper – circle grade(s) preference: 4 year olds, Kindergarten, 1, 2, 3, 4, 5, 6, 7, 8

 Substitute Teacher – circle grade(s) preference: 4 year olds, Kindergarten, 1, 2, 3, 4, 5, 6, 7, 8

 Teach Kids Songs Sew Costumes Assist at Christmas Assist in Office

 Copying/Printing Help w/Registration Assist Decorate Take pictures

 Decorate Bulletin Board Assist w/Vacation Bible School

**If you have any questions please contact Alex Cargin, Director of Youth and Education, at acargin@lifeathope.org.**