

2023-2024 Catechism Registration Form

Student Name: _____

Birth Date: _____

Parent's Names: _____

Address: _____

City: _____ Zip Code: _____

Parent E-mail Address: _____

Student E-mail Address: _____

Phone Number(s): _____

What School do you attend: _____ Grade in School: _____

Year in Catechism Program: 1 2 3

Have you participated in Hope's Sunday School Program previously (Year 1 students only)? Yes ____ No ____

Number of years of membership at Hope Lutheran: _____

Does your student have any medical or learning challenges you want to make us aware of so we can help your student learn more effectively?

Do you have a family situation that will keep your student from regular attendance?