

Advent Lutheran - Church School Registration Form 2009-2010

Child's Name: _____

Phone: _____
Please Circle: Male Female

Address: _____

Please indicate any changes in your address.

E-mail Address: _____

Child's Birth date: _____ Age as of Sept. 1st, 2009: _____

Grade for 2009-10 School Year _____ OR _____ Preschool
(Your child must be 3 years old and toilet trained by Sept. 1, 2009 to be enrolled in church school)

For our database: How would you like the following to appear?

Head of Household Name: _____

Spouse Name: _____

Who should we contact in case of an emergency? _____

Emergency contact number(s): _____

Medical Concerns for this child: (Including allergies)

Please check which church school day and time you are registering your child for:

Wednesday 6:30 – 7:30 pm Sunday 10:00 am 11:00 am

If possible, I would like my child to be enrolled in the same class as (please write in their full name) _____.

Yes, I would like to

- Teach
 Substitute Teach
 Superintendent

- Co-Teach
 Lead Music
 Storyteller/Puppeteer

Registration Fee: \$25 Cash _____
(Maximum Fee: \$50/family)

Check # _____
(Make checks payable to Advent)

Please use one enrollment form per child. Once you have completed this form and returned it to Jacqui Thone with the appropriate fee, your child will be registered in our church school program. *You will only be notified if there is a problem.* If you have any questions regarding this form or church school, please contact the church office at 425-4243.