



2018-2019 REGISTRATION
9:00 am

CHILDREN

Name: _____ Male Female DOB: _____

Baptized: Yes, Date _____ No

Class: Please sign up for the year your child will be entering in fall 2017

3yr 4yr Kind. 1st 2nd 3rd 4th 5th 6th

Allergies/Special Needs: Yes (please note on reverse side) None

Name: _____ Male Female DOB: _____

Baptized: Yes, Date _____ No

Class: Please sign up for the year your child will be entering in fall 2017

3yr 4yr Kind. 1st 2nd 3rd 4th 5th 6th

Allergies/Special Needs: Yes (please note on reverse side) None

Name: _____ Male Female DOB: _____

Baptized: Yes, Date _____ No

Class: Please sign up for the year your child will be entering in fall 2017

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Allergies/Special Needs: Yes (please note on reverse side) None

Name: _____ Male Female DOB: _____

Baptized: Yes, Date _____ No

Class: Please sign up for the year your child will be entering in fall 2017

3yr 4yr Kind. 1st 2nd 3rd 4th 5th 6th

Allergies/Special Needs: Yes (please note on reverse side) None

\$35 registration fee per child or \$85.00 per family

PARENT(S) INFORMATION

Name: _____

Address: _____ City: _____ Zip _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Members of Holy Cross: Yes No, Home Church _____

Children must be dropped off and picked up at the classroom. To whom should the child be dismissed? _____

PLEASE COMPLETE REVERSE SIDE

PERMISSION FORM

- I give permission for the above named child(ren) to participate in the Holy Cross Faith Development Program Activities.
- I give permission for photos, videos and/or PowerPoint presentations of my family members to be used in Holy Cross literature, seminars, classes and/or website.

Signed: _____ Date: _____
 Parent/Guardian

HEALTH CONCERNS/OTHER

Allergies:

- Hay fever
- Insect Stings
- Penicillin
- Peanuts / Nuts
- Dairy

Health Concerns:

- Asthma
- Migraines
- Seizures
- Convulsions

- Diabetes
- Nosebleeds
- Heart

Other health concerns or details of the above: _____

Behavioral information that will make for a successful year: _____

MINISTRY AREAS

Faith Development Programs are cooperative in that they are led and carried out by volunteers. At this time, please consider where you can give of your time and talents.

<input type="checkbox"/> Be a member of the Christian Education Ministry Team <input type="checkbox"/> Sponsor another child who cannot afford FD. Faith Development Program I can help at: <input type="checkbox"/> Teacher (every week) <input type="checkbox"/> Team Teacher (every other week) <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Learn to Teach <input type="checkbox"/> Superintendent (helps during FD) <input type="checkbox"/> Registration	<input type="checkbox"/> Special Events <input type="checkbox"/> Tween Events <input type="checkbox"/> Movie Night <input type="checkbox"/> Photography	Day Camp <input type="checkbox"/> Guide <input type="checkbox"/> Snack Helper Vacation Bible School <input type="checkbox"/> Crew Leader <input type="checkbox"/> Station Leader <input type="checkbox"/> Music Leader <input type="checkbox"/> Decorating Help <input type="checkbox"/> Office Help <input type="checkbox"/> T-shirts
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<p><u>Office Use</u></p> <p>Date Reg. _____</p> <p>Amount Pd. _____</p> <p>Check# _____</p>
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