

OUR HOPE LUTHERAN CHURCH & SCHOOL

SUMMER CAMP REGISTRATION FORM

2019

"Building eternity one child at a time."

Date: _____ Child's Last Name: _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Alternate # _____

E-mail address # _____

Race: _____ Home Church: _____ City: _____

We do not have a home church _____ LCMS _____ Lutheran _____ Other _____

We would like more information about Our Hope Lutheran Church _____

CHILDREN REGISTERING

Name of Child: _____ Nickname: _____

Birthdate: _____ Sex: Male _____ Female _____

Baptized: ___ Yes ___ No ___ Not applicable Baptism Date: _____

Grade/Program Completed _____ What School? _____

(Circle all that apply) Days: M T W TH F Hours Needed: _____

Name of Child: _____ Nickname: _____

Birthdate: _____ Sex: Male _____ Female _____

Baptized: ___ Yes ___ No ___ Not applicable Baptism Date: _____

Grade/Program Completed _____ What School? _____

(Circle all that apply) Days: M T W TH F Hours: _____

Name of Child: _____ Nickname: _____

Birthdate: _____ Sex: Male _____ Female _____

Baptized: ___ Yes ___ No ___ Not applicable Baptism Date: _____

Grade Level/Program Completed _____

(Circle all that apply) Days: M T W TH F Hours: _____

For office use only: Amount paid - \$ _____ Cash/Check # _____ Date _____ Registration by _____ Payment by _____
