

Bethel Lutheran Christian Education Registration Form 2011-2012

Please complete both sides of registration form. Thank you!!

Family Name: _____
Email: _____ (I will do most correspondence this way to be "Green")
Address: _____
City: _____ Zip: _____

Phone No.: Home _____ Work _____
Please specify who cell belongs to: Cell _____ Cell _____

Name of Parents or Adult Contact: _____

Thank you for bringing your child(ren) to Bethel for Christian Education. We hope that this year will be a faith-growing experience for your child and your whole family.

Child's Name: _____ **Child's Name:** _____

Grade (Fall-2011 or preferred): _____ Grade (Fall-2011 or preferred): _____
Age: _____ Date of Birth: _____ Age: _____ Date of Birth: _____
Learning concerns: _____ Learning Concerns: _____

Other (allergies, special accommodations/concerns): _____ Other (allergies, special accommodations/concerns): _____

Child's Name: _____ **Child's Name:** _____

Grade (Fall-2011 or preferred): _____ Grade (Fall-2011 or preferred): _____
Age: _____ Date of Birth: _____ Age: _____ Date of Birth: _____

Learning concerns: _____ Learning Concerns: _____

Other (allergies, special accommodations/concerns): _____ Other (allergies, special accommodations/concerns): _____

PLEASE TURN OVER!!!

We are asking for a \$10 donation per child or a \$25 maximum per family to help defray costs of the Christian Education program.

Please complete this form so we know what areas you would like to help with. **All parents who are not teaching will be called upon to help in their child's classroom.** Thank you in advance for your willingness to serve.

_____ Co-Teach Sunday School (Grade: _____) Co-teacher (if known) _____

_____ Sunday School Teacher (Grade : _____) _____ Sunday School Music Leader

_____ Substitute Teacher (Grade : _____) _____ Extra Pair of Hands

_____ Christmas Program/Youth Worship helper _____ Bring snacks for Sun. School event

You will receive a calendar for the 2011-2012 year assigning you a time to sit in on your child's Christian Education classroom. Please remember that it is your responsibility as a parent to come to your scheduled times to help with Christian Education.

We want you to be invested in your child's Christian Education.

Special Information: To ensure a safe and meaningful experience at Bethel Christian Education please feel free to contact me about any special needs or concerns you may have. We are looking forward to working with you and your youth. Also, we ask that you sign below allowing us to take pictures of the youth during church events. Some of the pictures may be posted on our website (www.bethelwahpeton.com).

Parent's Signature: _____

Date: _____

Contact Information: Laura Stone
lstone@bethelwahpeton.com 642-4277
hunters4stone@yahoo.com 642-1616

Bethel Lutheran Church Office
642-4277