

**2009-2010 HOLY CROSS LUTHERAN CHURCH  
FAITH DEVELOPMENT PROGRAM REGISTRATION**

\$20.00 Registration fee per child or \$50.00 per family

**After 8-09-09 \$25.00 per child or \$60.00 per family**

Little Lambs – No registration fee

Office Use Date Registered: _____ Time: _____ Amount Paid: _____ Session: _____
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**SESSION**

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Choices are: Sunday: 9:00 a.m. or 10:30 a.m.

**CHILDREN**

**Name:** \_\_\_\_\_ €Male €Female DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_ Baptized: €Yes, Date \_\_\_\_\_ €No

e-mail address: \_\_\_\_\_

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

€3yr €4yr €KdgtN €1<sup>st</sup> €2<sup>nd</sup> €3<sup>rd</sup> €4<sup>th</sup> €5<sup>th</sup> €6<sup>th</sup>

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

**Name:** \_\_\_\_\_ €Male €Female DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_ Baptized: €Yes, Date \_\_\_\_\_ €No

e-mail address: \_\_\_\_\_

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

€3yr €4yr €KdgtN €1<sup>st</sup> €2<sup>nd</sup> €3<sup>rd</sup> €4<sup>th</sup> €5<sup>th</sup> €6<sup>th</sup>

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

**Name:** \_\_\_\_\_ €Male €Female DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_ Baptized: €Yes, Date \_\_\_\_\_ €No

e-mail address: \_\_\_\_\_

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

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

**Name:** \_\_\_\_\_ €Male €Female DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_ Baptized: €Yes, Date \_\_\_\_\_ €No

e-mail address: \_\_\_\_\_

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

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

**PARENT INFORMATION**

Name(s): \_\_\_\_\_

\_\_\_\_\_

Address(es): \_\_\_\_\_

\_\_\_\_\_

e-mail address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Members of Holy Cross Lutheran Church: Yes No, Home Church \_\_\_\_\_

**Please Complete Reverse Side**

Children live with: €Mother €Father €Stepmother €Stepfather €Other: \_\_\_\_\_  
Children 3 thru 6 years old must be picked up at the classroom. To whom should the child be dismissed?

\_\_\_\_\_  
For older children, please make arrangements with teacher for your dismissal preference.

### 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/slides of my family members to be used in Holy Cross literature and presentations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Teacher preference – List names \_\_\_\_\_

### SPECIAL NEEDS/NOTES/OTHER:

### MINISTRY AREAS

Faith Development Program ministries 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. Prayerfully consider at least one of the following opportunities.

#### Faith Development Program

Time(s) I can help at: \_\_\_\_\_  
€ Teacher (every week)  
€ Team Teacher (every other week)  
€ Substitute Teacher  
€ Music Leader  
€ Superintendent  
€ Registration Help  
€ Christmas Program Help  
€ Learn to Teach  
€ Other: \_\_\_\_\_

#### Adult Education

€ Bible Study Leader

#### Good Friday Ministry

€ Craft helper  
€ Other

#### Little Lambs Nursery

€ Shepherd (Caregiver)  
€ Cleaning

#### Vacation Bible School

€ Crew Leader  
€ Craft Leader € Music Leader  
€ Snack Leader  
€ Game Leader  
€ Drama Leader  
€ Helper

**€ Christian Education Team  
Member**