



2009 - 2010

LHCkids Registration Form

Sundays, 9:00 & 10:30 am

Child's Name _____

Address _____

City _____ State _____ Zip _____

Child's Age _____ Birthdate ____ / ____ / ____ Grade _____

Allergies/Special Needs _____

Father's Name _____

Mother's Name _____

E-mail Address _____

Home Phone _____ Cell Phone _____

Which LHCkids Ministry will your child regularly attend?

- Infant/Toddler**
Nursery (0 - 24 month olds) - Room 113
- Preschool**
2's & 3's (2 & 3 year olds) - Room 114
- 4's & 5's (4 & 5 year olds) - Room 102
- Elementary**
PowerHouse (Kindergarten - 5th graders) - Gym
- Special Needs (10:30 am only)**
Children w/ Special Needs - Room 101

Which hour will your child regularly attend the LHCkids ministry checked above?

9:00 am _____ 10:30 am _____

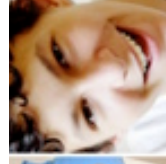
As additional volunteers are needed we ask parents to serve in LHCkids ministries on a rotating basis.

Which hour are you/your spouse available to serve?

9:00 am _____ 10:30 am _____

Please check how you would be willing to serve.

- Nursery Volunteer Classroom Assistant
- Substitute Teacher Other _____



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