



**2017-2018**



Saint Andrew's Lutheran Church  
30 Brookside Drive, Smithtown, NY 11787  
Office Phone: 631.265.2288 Fax: 631.265.4873

StAndrewsLutheran@Verizon.net www.StAndrewsLutheranchurch.com

**(Please fill out one form per child!)**

Student Name:

Grade entering (or age- 3yr/4yr) :

[First, Middle, Last]

**The Program my child is entering is:**

Nursery & Pre-k

Kindergarten & First grade

Second & third Grade

Fourth & Fifth

**Little Sparks**

**Holy Moly 1**

**Holy Moly 2**

**Connect**

Date of Birth:

Location of Baptism:

Home Address:

Town and Zip:

Home Phone Number:

Household Email Address:

School Attending:

**\*Are there any special needs for your child that we should be aware of including ALLERGIES, HEALTH CONCERNS, OR LEARNING DIFFERENCES?**

Mother's Name:

Cell #:

[include maiden name]

Father's Name:

Cell #:

**Alternate Emergency Contact Information**

Name:

Cell #:

A Registration donation is returned with this form.

**Suggested amount:**

1 child= \$25.00

2 children and up= \$45.00

Cash\_\_\_\_\_ Check\_\_\_\_\_ (Please mark which one is included with the form)

\* Need based scholarships are available. **(Pre-K and Nursery are free)**

**YES**, I would like to volunteer to help on Sunday mornings. Please have the director call me to discuss ways in which I can use my talents.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Photo Release Form**

I give St. Andrew's Lutheran Church permission to take photographs of my child. These photographs may be used on the St. Andrew's Website, Facebook or Instagram page.

\_\_\_\_\_  
(Parent Signature)

