

# Hope Lutheran Church

## **Quest** Enrollment for September 2009

(Use a separate form for each child. Extra forms are available in the church office.)

|                                   |                     |                 |
|-----------------------------------|---------------------|-----------------|
| Student's Last Name:              | First:              | Middle:         |
| <hr/>                             |                     |                 |
| Address: <hr/>                    |                     |                 |
| City, State, and Zip Code: <hr/>  |                     |                 |
| Telephone No.: <hr/>              |                     |                 |
| Name of Student's School:         | Grade:              | Dismissal Time: |
| <hr/>                             |                     |                 |
| Teacher:                          | Church Affiliation: |                 |
| <hr/>                             |                     |                 |
| Print Name of Parent or Guardian: |                     |                 |

Yes, my son/daughter will be attending **Quest** classes.

Grade 6  Grade 7  Grade 8 (& 9)



I wish to have my child enrolled in this year's **Quest** Ministry classes at Hope Lutheran Church starting Wednesday, September 30, 2009 and ending in the spring of 2010. I will have my child present regularly and promptly, or I will submit a prompt and valid excuse by either phoning the church office or sending a written excuse to the staff.

\_\_\_\_\_  
Parent or Guardian's Signature      Date

Return forms to:

**Hope Lutheran Church**  
1301 Vintage Lane  
Rochester, New York 14626 (585) 723-4673 Phone  
(585) 723-8549 Fax