

WINGS REGISTRATION

Grades 1-5

Child's Name: _____

Age: _____ Birthdate: _____ Grade in School: _____

Special health information (allergies, etc.) _____

Child's Name: _____

Age: _____ Birthdate: _____ Grade in School: _____

Special health information (allergies, etc.) _____

I would like to be in the same class as either _____ or _____

Child's Name: _____

Age: _____ Birthdate: _____ Grade in School: _____

Special health information (allergies, etc.) _____

I would like to be in the same class as either _____ or _____

Parents' name: _____

Address: _____

E-mail Address: _____

Home phone number: _____

Number where you can be reached during WINGS: _____

- I would be able to help walk the young children over to the church from the school on Wednesdays.
- I will be able to assist as a classroom leader or assistant
- I will be able to help at playground time
- I have paid \$15.00 per child Registration fee by check _____ cash _____



BEE sure to pick up the Wings booklet that explains our program and has the 2009-2010 calendar

BEE SURE TO CALL GRACE LUTHERAN (283-4431).

IF YOUR CHILD WILL NOT BE AT WINGS. Safety is our prime concern