



# St. David's Evangelical Lutheran Church

20 Clark Boulevard, Massapequa Park, NY 11762  
Phone (516)799-7832 | Fax (516)799-9828 | Email parishsecy@verizon.net  
[www.stdavidslutheran.net](http://www.stdavidslutheran.net)

## Christian Education

**Sunday School:** Kids **age 2 to grade 5** meet weekly (Sept-May) on Sunday mornings from 9-10 am.

**Confirmation:** Kids **grade 6 to 9** meet weekly (Sept-May) on Wednesday evenings from 7-8 pm.

Registration fee of \$30 per child or \$70 per family registering 3 or more (age 2 to grade 9) is requested to cover cost of materials. Registrations received after June 30 will be charged a \$15 service fee. Please make checks payable to St. David's with "Sunday School/Confirmation" in the memo. Email questions to [stdavidssundayschool@verizon.net](mailto:stdavidssundayschool@verizon.net).

**Child #1 Name** \_\_\_\_\_ **Birthday** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_ **Grade in Sept:** \_\_\_\_\_

Does your child have any physical limitations, allergies or receive service for any reason? If so, please explain: \_\_\_\_\_

**Child #2 Name** \_\_\_\_\_ **Birthday** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_ **Grade in Sept:** \_\_\_\_\_

Does your child have any physical limitations, allergies or receive service for any reason? If so, please explain: \_\_\_\_\_

**Child #3 Name** \_\_\_\_\_ **Birthday** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_ **Grade in Sept:** \_\_\_\_\_

Does your child have any physical limitations, allergies or receive service for any reason? If so, please explain: \_\_\_\_\_

**Child #4 Name** \_\_\_\_\_ **Birthday** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_ **Grade in Sept:** \_\_\_\_\_

Does your child have any physical limitations, allergies or receive service for any reason? If so, please explain: \_\_\_\_\_

**Home address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Email** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Other Persons Authorized to pick up child(ren)** \_\_\_\_\_

**Would you be interested in volunteering in your child's class or our program at large?** [ ] Yes [ ] No (check one please)

**My child(ren)'s photos may be published on St. David's Website and/or local newspapers:** [ ] Yes [ ] No (check one please)

*But Jesus said, "Let the children come to me" - Matthew 19:14*