



OUR HOPE LUTHERAN CHURCH & SCHOOL

1826 Trinity Dr., Huntertown, IN 46748 -- (260) 338-1121

REGISTRATION FORM 2025-2026

"Learning & Growing in an Engaged Christian Environment"

Date: _____ Child's Last Name: _____

(Please Print)

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Alternate # _____

e-mail address(s): _____

Race: _____ Home Church: _____ City: _____

We do not have a home church _____ LCMS _____ Lutheran _____ Other _____

We would like information about Our Hope Lutheran Church _____

CHILDREN REGISTERING

(children need to be of age by August 1st.)

Name of Child: _____ Nickname: _____

Birthdate: _____ T-shirt Size: _____ Sex: Male _____ Female _____

Baptized: ___ Yes ___ No ___ Not applicable Baptism Date: _____

Is your child potty trained: Yes, fully _____ Partially _____ Working on it _____ No _____

Any Medical Conditions/Allergies? (explain) _____

Program(s): Preschool Prep 1's or 2's / Preschool - 3's / Preschool - 4's / Preschool - 5's

Days - M-F MWF T/TH 1/2 Day - AM Full Day

Noah's Ark Before & After School Care Days - M T W T H F As Needed AM / PM

From what school? _____ Grade: _____

Name of Child: _____ Nickname: _____

Birthdate: _____ T-shirt Size: _____ Sex: Male _____ Female _____

Baptized: ___ Yes ___ No ___ Not applicable Baptism Date: _____

Is your child potty trained: Yes, fully _____ Partially _____ Working on it _____ No _____

Any Medical Conditions/Allergies? (explain) _____

Program(s): Preschool Prep 1's or 2's / Preschool - 3's / Preschool - 4's / Preschool - 5's

Days - M-F MWF T/TH 1/2 Day - AM Full Day

Noah's Ark Before & After School Care Days - M T W T H F As Needed AM / PM

From what school? _____ Grade: _____

Registration Fee: \$100 - 1/2 Days & Noah's Ark / \$140 - Full Days / Procure Fee: - \$190

For office use only

Amount paid - \$ _____ Cash/Check #/Charge _____

Date _____ Registration Payment by _____