



2018-2019 Grapple Registration Information

Faith Lutheran Church

Parent 1

Name: _____ Primary Phone: _____

Cell phone: _____ Cell phone provider: _____

Address: _____ City: _____ Zip: _____

Active email: _____

Parent 2

Name: _____ Primary Phone: _____

Cell phone: _____ Cell phone provider: _____

Address: _____ City: _____ Zip: _____

Active email: _____

Child #1 Information

Child #2 Information

Child #3 Information

Child's Name:

() Male () Female

() Male () Female

() Male () Female

Birthday:

Month/day/year

____/____/____

____/____/____

____/____/____

Child's Grade:

(as of fall 2017)

Child Baptized?

() Yes () No

() Yes () No

() Yes () No

Month/day/year

____/____/____

____/____/____

____/____/____

*Parents will be assigned to
Two Wednesdays during the
year...*

Grapple will meet on
Wednesdays from
5:15 to 6:30pm.

There will be NO Grapple
during Lent.

Thank you!

Contact by: (check one)

- Phone
- Cell phone call
- Text
- Email

List any known food allergies:

Is it ok for us to take pictures of
your child(ren) to be posted at
church or on our Face Book
page?

- Yes
- No

Suggested Donation:

\$10 per child

- Cash
- Check

