

**HOPE LUTHERAN CHURCH  
CHERRYVILLE, PA  
CATECHETICAL INFORMATION**

Student's Full Name: \_\_\_\_\_  
(first) middle last

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade \_\_\_\_\_

Student's Email \_\_\_\_\_ Parent's Email \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(please indicate address and phone number if different from student's)

Mother's Full Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(please indicate address and phone number if different from student's)

Have you received your First Holy Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ Pastor? \_\_\_\_\_

**Please check which of the following services you would normally attend (please check all that apply):**

Sunday Morning Services 8:00am \_\_\_\_\_ 9:30/10:30am \_\_\_\_\_ Either \_\_\_\_\_

Christmas Eve 4:00pm \_\_\_\_\_ 6:00pm \_\_\_\_\_ 8:30pm \_\_\_\_\_ 11:00pm \_\_\_\_\_

Easter 6:00am \_\_\_\_\_ 8:00am \_\_\_\_\_ 10:30am \_\_\_\_\_

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**PERMISSION FORM FOR CATECHETICAL YEAR 2017-2018**

I give my permission for my son/daughter (student name) \_\_\_\_\_  
to participate in retreats, field trips and events that may not be held at Hope Church. I also grant permission  
for adult chaperones in charge of the event to take any steps necessary to make decisions they deem best to  
insure the well being of my son/daughter, including emergency medical treatment if I cannot be reached.

Parent's Name(s): \_\_\_\_\_

Parent's Phone Number(s): \_\_\_\_\_

*If I cannot be reached, please contact...*

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Medical Restrictions and Allergies: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Parent's Signature \_\_\_\_\_