



ENROLLMENT FORM 2008-2009

*NAME _____ Birthdate / /

School _____ Grade _____

Allergies _____

E-mail Address (to contact your child concerning **LAMMP** updates) _____

Home Address _____
City _____ State _____ Zip Code _____
Phone _____ Emergency Phone _____
Parents' Names _____
E-mail Address (contact you concerning LAMMP updates) _____
Location of Parent's during LAMMP (5:30-7:05 p.m.) _____

Our **LAMMP** Leaders are looking forward to your child's participation. Please use the space below to write any information that would help us minister to your child in a more effective way.

Please return completed forms to the music office or drop them in the labeled box at the Troy Street Entrance at the church