

Register
NOW!

2009

Summer FUNday School

All children, 3 years old (pull-up trained) through 5th-grade (completed), are invited to join us on Sunday mornings to learn about God's amazing animals and what they teach us about how God wants us to live.

Where: LCM's Zoo,
East Campus Room 11/12
West Campus Room 10/11

When: June 7 - July 26,
except July 5

Time: 10:15 - 11:10 a.m.

Register: Online (www.churchofthemaster.com)
or leave completed registration
form in zookeeper's box.
Registration due May 31.

If you need more information or would like to help as an LCM Zoo Guide, please contact Diana Streckfuss or Donna Beal (333-4444).

No stuffed animals were harmed in our preparation of Summer FUNday School, although the pink octopus wonders how much longer it can survive the crate!



Lutheran Church of the Master

www.churchofthemaster.com 402.333.4444

East Campus

2617 S. 114th St.
(NE 114th, W. Center Rd.)

West Campus

1200 N. 181st Court
(NW 180th, W. Dodge Rd.)

LCM Summer FUNday School Registration 2009

Summer FUNday School Times & Locations ~ Check the one you will *regularly* attend.

East Campus (114th & Center)

West Campus (180th & Dodge)

_____ 10:15 - 11:10 a.m.

_____ 10:15 - 11:10 a.m.

*Please contact Diana Streckfuss or Donna Beal at 333-4444 if you should have any questions. You can also find information online (www.churchofthemaster.com).

1 Student Information Name _____

Birthdate ___/___/___ Age ___ Sex ___ Grade _____

Member of LCM? Y N Medic Alert? Y N If yes, explain _____

Student baptized? Y N Special Needs? Y N If yes, explain _____

2 Student Information Name _____

Birthdate ___/___/___ Age ___ Sex ___ Grade _____

Member of LCM? Y N Medic Alert? Y N If yes, explain _____

Student baptized? Y N Special Needs? Y N If yes, explain _____

3 Student Information Name _____

Birthdate ___/___/___ Age ___ Sex ___ Grade _____

Member of LCM? Y N Medic Alert? Y N If yes, explain _____

Student baptized? Y N Special Needs? Y N If yes, explain _____

Please list any siblings under 3 years old/over 5th-grade: _____

Parent/Guardian Information

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____

E-mail _____

Members of LCM? Y N

Would you like information about becoming a member? Y N

*** We invite you to be a part of our ministry. Please indicate area(s) of interest:**

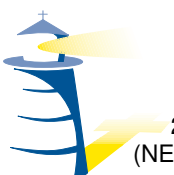
_____ Teacher Grade preferences? 1st Choice _____ 2nd Choice _____ 3rd Choice _____

_____ Substitute Teacher _____ Children & Family Ministry Team

_____ Nursery Volunteer _____ Special Programming (Christmas program, VBS)

_____ Administrative Helper _____ Summer Leader/Assistant

✂ clip and return completed registration



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