

# T.A.P. 2022-2023



**Place: First Lutheran Church**

**When: Every Wednesday afternoon beginning on Sept. 14<sup>th</sup> till Feb. 15<sup>th</sup>!**

**Who: 1st—12th grade**

**Time: 3:47 p.m. to 6:00 p.m.**

To register for T.A.P. please bring one (1) completed form/child and a \$20.00 registration fee (\$15.00 for each child after the first) to the registration table on September 14<sup>th</sup> or put the form(s) in the box outside the office.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ family e-mail \_\_\_\_\_

City \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Will your child need a ride from WAEC or St Joe's? \_\_\_\_\_ If so, please let us know which one!

Parent's Names \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Person and Phone number where you can be reached on T.A.P. days \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Would your child like to have ONE table buddy for dinner? If so, who? \_\_\_\_\_

Does your family belong to First Lutheran? \_\_\_ Would you like more information about our church family? \_\_\_

P.S. In an effort to be good stewards, we ask for a DINNER DOLLAR donation to help cover the cost of our meal each Wednesday. Also, each family will be responsible for bringing in a dessert every once in a while. Please let Cheri (688-0640) know which Wednesdays works for you, then I can mail you a schedule for the year and a friendly reminder the week before! Thanks for helping make T.A.P. the best program possible!

**Remember: TAP ends at 6:00 p.m.!**

**Hopefully this will help make homework, and bedtime rituals a little less hectic!!!**



# Permission Slip for all year

Each month, we are planning to have an activity/field trip of an adventure! Such as the Historical Society, Art Gallery, Beauty Park, Sled Riding, Abplanalp's Farm, and Roller Skating.

We need your permission for your child/children to attend these trips. As well as permission to take pictures of your children and post them on our website as well as FLC's Facebook page. Please answer the following questions.

Child's Name: \_\_\_\_\_

I give permission for my child to attend all activities/field trips the T.A.P. program will have. \_

\_\_\_\_\_ YES OR \_\_\_\_\_ NO

I give permission for my child's picture to be taken and shared.

\_\_\_\_\_ YES OR \_\_\_\_\_ NO

I give permission for my child to take Tylenol or Advil in case of a headache or stomachache.

\_\_\_\_\_ YES OR \_\_\_\_\_ NO

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

Date: \_\_\_\_\_