

Luther College Friends Organization



Enrollment Form:

Child's Name: _____ Age: _____ Sex: M ___ F ___

Parent Name(s): _____ Home Phone: _____

_____ E-mail: _____

Please describe your child's special needs:

The information below pertains to your Luther Friend:

Would you like to retain the same Friend as last year: Y ___ N ___ N/A

If yes, please list your Friend's name: _____

How would you like your Friend to contact you and your child:

Please list specific times that you would and would not like to be contacted:

One parent's signature is needed to officially enroll your child in the Friends Organization.

_____ Date _____

Please Return form to either Jeff Wettach, group advisor, or Laura Smith.

Form more information please visit www.luther.edu/friendsorganization

Jeff Wettach
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