Sunday School Registration
2011-2012

Mom's Name: _____
Address: _____

Dad's Name: _____
Address (if different): _____

Email address: _____ (if you would like to receive announcements about Sunday School, please fill in)

Child(ren)'s Information

Name	Age	Grade	Birthdate

If we need to contact you during Sunday School, where can we reach you (i.e. sick child)?

Mom's Phone Number Home: _____
Cell: _____
Dad's Phone Number Home: _____
Cell: _____
Other: Name: _____
Phone: _____

Special Needs/Food Allergies/Medical Conditions:
_____

Sunday School Session:
9:15-10:15 a.m. _____ 3 year old – 6th grade

Sunday Evening Session:
Faith Weavers
6:30-7:30 p.m. _____ 3 year old – 4th grade
(During the Greenhouse Worship Service)

I herby grant permission for my child(ren) to be included in pictures, promotional material and publications (includes website) connected with Sunday School at Faith Lutheran Church. My child's picture may appear in publications put out by Faith Lutheran.

Parent's Signature _____