

Sunday School Registration 2016-2017

Mom's Name: _____

Address: _____

Email Address: _____

Home #: _____ Cell #: _____

Dad's Name: _____

Address (if different): _____

Email Address: _____

Home #: _____ Cell #: _____

Other contact (if applicable): _____

Relation to child: _____

Address (if different): _____

Email Address: _____

Home #: _____ Cell #: _____

Please check best way(s) to contact:

- Phone Call Mailing Home Text Message
 Email All Other: _____

Child(ren)'s Information

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>Birthdate</i>

Special Needs/Food Allergies/ Medical Conditions:

_____ I hereby grant permission for my child(ren) to be included in pictures, promotional material and publications at Faith Lutheran Church. This including but not limited to the FLC website and FLC Facebook page.

Parent/Guardian Signature _____

Sunday School Registration 2016-2017

Mom's Name: _____

Address: _____

Email Address: _____

Home #: _____ Cell #: _____

Dad's Name: _____

Address (if different): _____

Email Address: _____

Home #: _____ Cell #: _____

Other contact (if applicable): _____

Relation to child: _____

Address (if different): _____

Email Address: _____

Home #: _____ Cell #: _____

Please check best way(s) to contact:

- Phone Call Mailing Home Text Message
 Email All Other: _____

Child(ren)'s Information

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>Birthdate</i>

Special Needs/Food Allergies/ Medical Conditions:

_____ I hereby grant permission for my child(ren) to be included in pictures, promotional material and publications at Faith Lutheran Church. This including but not limited to the FLC website and FLC Facebook page.

Parent/Guardian Signature _____