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	e):				
Relation to child:					
Address (if different):	Address (if different):				
Email Address:					
Home #:					
Please check best wa	y(s) to	contact:	<u>.</u>		
☐ Phone Call ☐ Mai ☐ Email ☐ All	ling Hon	ne 🗆	A.,		
Child(ren)'s Information			<u> </u>		
Name	Age	Grade	Birthdate		
Special Needs/Food Allergies/ Medical Conditions:					
I herby 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

		16-2017	
Mom's Name:			
Address:			
Email Address:			
Home #:		Cell #:_	
Dad's Name:			
Address (if different):			
Email Address:			
Home #:		Cell #:_	
Other contact (if applicable	e):		
Relation to child:			
Email Address:			
Home #:		Cell #:	
Please check best wa	ay(s) to	contact:	
☐ Phone Call ☐ Ma	iling Hon		Text Message Other:
Child(ren)'s Information			Other.
Name	Age	Grade	Birthdate
Special Needs/Food Allergie	s/ Medica	al Conditions	:
I herby grant permission for my ch	vild(ron) to	ho included in	niaturas, promotional motorio
r nerby grant permission for my cr publications at Faith Lutheran Cht			

FLC Facebook page.

Parent/Guardian Signature	