

Emanuel Lutheran Church
2018 – 2019 Sunday School Registration
Preschool (Age 4) – Grade 5

(Please Print) Student's Name _____ Grade _____

Birth Date _____ Baptism month _____

Parent's Name (Mother) _____ Parent's Name (Father) _____

Address _____

Home # _____ Cell# _____

E-mail address for communication/updates/schedule changes
_____ @ _____

Please check the Sunday school related activities/events that you are interested in volunteering/participating at:

_____ Participation In Early Communion Workshop
_____ Volunteering with Sunday school lessons on Sundays
_____ weekly _____ once a month _____ special events

Please indicate any special learning/behavior needs, **allergies** or medical concerns that we need to know:

Photo Release:

_____ I give permission for my child to be photographed for the use of any public relation materials that Emanuel would use (ex. newspaper articles/Facebook posts/visitor mailings etc.).

_____ I acknowledge and agree that I am liable for any property damage or personal injury claims arising from the acts of my child during Sunday school. I give permission for my child to receive emergency medical care if needed.

_____ I acknowledge that primary communication of Sunday school updates, future events and schedule changes will take place via email to the email address provided above.

Signature: _____ Date: _____