

Lord of Life Lutheran Church
Sunday School Registration Form
2017-2018

*Please complete and return this form to the church to register your child for Sunday School.
Please fill out one form for each child ages 3 through 5th grade.*

Student's Name _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Birth Date: _____ **Baptism date/month:** _____ **Grade:** _____

Mother/Guardian's Name: _____
Address (if different from above): _____
City/State/Zip: _____ Home Phone: _____ Cell: _____

Father/Guardian's Name: _____
Address (if different from above): _____
City/State/Zip: _____ Home Phone: _____ Cell: _____

Additional Emergency Contact: Name: _____ Phone: _____

This is the first time my child is entering Sunday School Yes No

Names/ages of siblings: _____

→ Sunday School communication is through e-mail, please check e-mail weekly. ←

My e-mail address is:

I do not have e-mail, please use this phone number:

Special concerns that you would like the teacher and staff to be made aware of:

Any special needs, learning concerns, physical limitations, etc.? YES NO

If yes, please explain? _____

Does your child have allergies? YES NO

If yes, what are they allergic to? _____

If yes, what treatment is required if a reaction occurs? _____

For 2nd grade and younger, please note any person other than Parent/Guardian who may pick up your child:
Name: _____ Relationship: _____

Lord of Life occasionally has the opportunity to use photos to promote our Sunday School program and other church activities. Uses might include a display board, church newsletter, church website, press releases, etc. No names will be used in conjunction with any photos. I give Lord of Life Lutheran Church permission to include my child, named above, in photos used for informational or promotional purposes.

Parent Signature: _____ Date: _____

Sunday School Volunteer Opportunities 2017-2018

Parent Name: _____

Phone Number: _____

Email: _____

- | | |
|--|--|
| <input checked="" type="checkbox"/> Filled Snack Lead | _____ Christmas Program Team of 6-10 |
| | _____ Help with Friday reading practices (3) |
| <input checked="" type="checkbox"/> Filled Birthday Card | _____ Activity leader for Advent Adventure |
| <input checked="" type="checkbox"/> Filled Baptism Remembrance | _____ Activity leader for Road to Resurrection |
| <input checked="" type="checkbox"/> Filled Craft Team (2 crafts 2 nd semester) | _____ Photographer Team of 2-4 |
| <input checked="" type="checkbox"/> Filled Scrapbook Lead (2 nd semester) | _____ I will help wherever needed |
| _____ Sunday School Teacher | |
| _____ Sunday School Teacher Substitute | |

2017 Christmas Program Participation

Practices (speaking parts): December 1st, 8th & 15th (6-8 pm)

Practice (all): December 16th (9-Noon)

Program Date: Sunday December 17, 2017 during the 10:30 Church Service

Do you anticipate your child will participate in the program? ___ Yes ___ No ___ Not Sure

If Yes; would your child like a speaking part? ___ Yes ___ No ___ Not Sure
(Parts assigned to older children first.)

Would your child like to participate behind the scenes? ___ Yes ___ No ___ Not Sure

Would your child like to be an usher or greeter? ___ Yes ___ No ___ Not Sure

Child's Name: _____

Grade: _____

Parent Name: _____

Phone Number: _____

Email: _____