



2017-2018 Zion Sunday School Registration Materials

While it will take you only a few minutes to complete these registration materials, to the Children and Family ministries of Zion Lutheran Church, your responses can influence a year's worth of retreats, classes, service projects, family events and all the other aspects that make a ministry hum. Thank you for your time!

Please fill out the entire registration form. Because of the diversity of families we minister to at Zion and the changes that take place in family life, it is important to have current information about each child. Each year, personal information changes for each of us. This registration helps the volunteers and staff of Zion to stay in contact with students and their family members for mailings, record keeping, and for contact in case of emergency.

Sunday School is for 3-year-olds through the 5th grade. In Sunday School we continue the faith journey started at home through music, crafts, games and telling stories from scriptures. Sunday School meets on Sunday mornings at 9:45 during the school year. There is no cost for parents who wish to have their children attend Sunday School at Zion. Donations are appreciated and help to defray the cost of offering this opportunity for children to grow in their faith. Sunday School begins this year with Rally Day on September 17th and will continue through May.

PART 1- Parental Information

Mother (or other adult)

Name _____ Email _____

Home Address _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (for emergencies) (_____) _____ Zion Member? Yes No

Father (or other adult)

Name _____ Email _____

Home Address _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (for emergencies) (_____) _____ Zion Member? Yes No

PART 2- Emergency Contacts

Emergency Number (_____) _____ Contact Person _____

Emergency Number (_____) _____ Contact Person _____

Any other important information we need to know? _____

PART 3- Child Registration

First Child to Register

Name (last, first, middle) _____ DOB ____/____/____

Grade (17-18 school year) _____ Phone (_____) _____ Email _____

Home Address (if different from parent's) _____

Second Child to Register

Name (last, first, middle) _____ DOB ____/____/____

Grade (17-18 school year) _____ Phone (_____) _____ Email _____

Home Address (if different from parent's) _____

Third Child to Register

Name (last, first, middle) _____ DOB ____/____/____

Grade (17-18 school year) _____ Phone (_____) _____ Email _____

Home Address (if different from parent's) _____

PART 4- Special Needs

Does your child (children) have any special needs? If so, please place his or her name by any of the following spaces. *(Please note that this information is confidential and will be used only to help the teacher plan for any special requirements.)*

Learning Disability _____ ADD/ADHD _____ Seizures _____

Hearing/Vision _____ Allergies _____ Medication _____

Please describe nature of special needs _____

Other limitations _____