

Emmanuel Lutheran Church



**2018-2019 Sunday School Registration
PreK - 6th Grade**

| Names of children | Grade entering into this fall | Age | Birth date |
|-------------------|-------------------------------|-----|------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Do any of your children have special needs, food allergies, etc? ___ No ___ Yes
If yes, please list: _____

Please update your contact information (if parents have different addresses, please state both):

Parent/Guardian Name: _____
Address: _____
Telephone: _____ Cell Phone: _____
Email: _____

Parent/Guardian Name: _____
Address: _____
Telephone: _____ Cell Phone: _____
Email: _____

Photos and videos of children participating in class events and projects may be taken for use in the Church newsletter, the community newspaper, Facebook, and/or church website. I give permission for my child/children to have their photos/videos taken and published in either of these resources:

_____ parent signature _____ date

I would like to be involved in our Sunday School Program

Name: _____

I am interested in:

- _____ Teaching
- _____ Team-Teaching
- _____ Substitute Teacher
- _____ Craft helper
- _____ Children's Christmas Program

**Parents: Please complete this form even if your child attended last year.
This information is used to ensure accurate records. Thank you!**