



2018-2019 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 10:15 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 an Open House on September 16th and will continue into May.

PART 1- Parental Information

Mother (or other adult)

Name _____ Email _____

Emergency Contact number during Sunday School Hours: Phone (_____) _____

Contact number for non-emergencies: Phone (_____) _____

Preferred non-emergency contact method: Text Phone call Email

Father (or other adult)

Name _____ Email _____

Emergency Contact number during Sunday School Hours: Phone (_____) _____

Contact number for non-emergencies: Phone (_____) _____

Preferred non-emergency contact method: Text Phone call Email

PART 2- Child Registration

First Child to Register

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

Grade (18-19 school year) _____ Any Special Needs? Yes No If yes, please describe below:

Address Where Child Receives Mail _____

Second Child to Register

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

Grade (18-19 school year) _____ Any Special Needs? Yes No If yes, please describe below:

Address Where Child Receives Mail _____

Third Child to Register

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

Grade (18-19 school year) _____ Any Special Needs? Yes No If yes, please describe below:

Address Where Child Receives Mail _____