



2020-2021 SUNDAY SCHOOL REGISTRATION

SUNDAY SCHOOL WILL BEGIN ON SUNDAY, OCTOBER 4

Parent Information

Name: _____

Address: _____ Phone: _____

Email: _____ Cell Phone: _____

Name: _____

Address: _____ Phone: _____

Email: _____ Cell Phone: _____

I would be will willing to teach _____ or be a substitute _____ for Sunday School

Student Information

Childs Name: _____ Grade: _____

Childs Birthday: _____ Allergy/Medical Concerns: _____

Childs Name: _____ Grade: _____

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Childs Birthday: _____ Allergy/Medical Concerns: _____

Childs Name: _____ Grade: _____

Childs Birthday: _____ Allergy/Medical Concerns: _____

I understand that through the course of the year pictures may be taken to help us remember and capture the special events of our church. I give permission for my child's picture to be used in church publications, such as but not limited to; newsletters, church website, social media page and ministry brochures.

Signature _____ Date _____

We look forward to watching your child grow in Faith with us here at Grace Lutheran!