



EMMANUEL LUTHERAN CHURCH SUNDAY SCHOOL REGISTRATION FORM

Child's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Please indicate which class your child will be entering this fall:

Pre-K (indicate age): _____ Kindergarten: _____

1st Grade: _____ 2nd Grade: _____

3rd Grade: _____ 4th Grade: _____

5th Grade: _____ 6th Grade: _____

Parent/Guardian:

Name: _____

Relationship: _____

Phone

Home: _____ Cell: _____ Work: _____

Address: _____ Town/Zip Code: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Medical Information:

Allergies: _____

Medications: _____

If I cannot be reached, I authorize the staff of Emmanuel Lutheran Church to seek emergency medical attention for my child (named above) should the need arise.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Comments/Special Needs: _____

Promotion Policy: It is expected that a family will register their child or children in the Sunday School grade level that corresponds to their weekday school placement. If a family would like an exception, please discuss your request with one of the following: Sunday School Coordinator, Pastor or Chairperson of the Learning Ministry Team.

CHILD PHOTO RELEASE FORM

I hereby grant to Emmanuel Lutheran Church the unqualified authorization to use and display on the Emmanuel Lutheran Church's website and Facebook page, photographs taken of the child listed on this form participating in church-sponsored events:

Parent/Guardian Signature: _____

Date: _____