

**IMMANUEL LUTHERAN CHURCH
CHURCH SCHOOL REGISTRATION FORM
2011-2012**

Parent(s) Name(s): _____

EMAIL: _____ (please note that email will be our primary means of communication regarding Sunday School events and scheduling)

Home Phone: () _____ Parent Cell Phone () _____

Address: _____

Town: _____ Zip: _____

Child's Name: _____ M / F BDAY: _____ Grade: _____

Child's Name: _____ M / F BDAY: _____ Grade: _____

Child's Name: _____ M / F BDAY: _____ Grade: _____

Child's Name: _____ M / F BDAY: _____ Grade: _____

Child's Name: _____ M / F BDAY: _____ Grade: _____

First Time in Sunday School? Yes No (circle one)

New to Immanuel Lutheran Church? Yes No (circle one)

MEDICAL AND EMERGENCY INFORMATION:

Emergency Contact Person: _____

Relation to Child/Children: _____ Phone: () _____

Allergies (food or otherwise): _____

Special Needs/Medications: _____

If church school is in need of help in the following areas, please give me a call:

___ Teaching ___ Administration/Staff ___ Special Projects ___ Food for Special Occasion

We(I), the parent(s) {guardian(s)} _____
give permission for my child (ren's) pictures to appear in the newspaper and/or on the church website.

X _____ X _____
Signature of Parents (Guardians)

*Additional Notes: