



Gloria Dei Lutheran Church

Sunday School Registration Form

2019-2020 School Year

"Come Grow With Us"

Name: _____
Birthdate: _____ Age: (as of 9/1/2019) _____
Baptism Date (if known) _____ Year in School _____

Mother's Name: _____
Address: _____
_____ Zip Code _____
Home Phone _____ Cell Phone _____

Father's Name: _____
Address: (if different) _____
_____ Zip Code _____
Home Phone _____ Cell Phone _____

Family e-mail address: _____

Child's special interests and activities: _____

Allergies or Health Concerns: _____

Siblings attending Sunday School?
Names/Ages _____

Emergency contact during Sunday School hour:
 I will probably be in the church building
 Other _____

My preschool children may be released to the following people:

If Sunday School is in need of help in the following area give me a call:
 Christmas Program An extra pair of hands if someone is away
 Telephoning Food for special occasions
 Shepherds/Rotation Help My suggestion _____
 Donating supplies Sorry, I am unable to help at this time.

Is there any other information that would assist us in working with your children? (Please use reverse side of this page.)

I give my permission to allow my child's picture to be taken in activities at Gloria Dei Lutheran church and be used in church media including websites and publications with the understanding that no identifying information will be printed/posted.

Parent's signature _____
Printed Name _____ Date: _____