

2017 – 2018
Sunday School Registration
St. Luke Lutheran Church

1830 Route 12
Gales Ferry, CT 06335
860 464 7897

Student's Name _____

Date of Birth _____ **Grade** _____ **School** _____

Allergies

Special Needs

Parent(s)/ Guardian(s) _____

Home Address _____

Home Phone _____

Family e-mail _____

Emergency Contact During Sunday School Time

Name _____ **Cell Phone** _____

Other persons authorized to pick up children

____ I **DO** give permission for my child's picture to be taken for use in local newspapers, church newsletters, the church website, and church Facebook page.

____ I **do NOT** give permission for my child's picture to be taken for use in local newspapers, church newsletters, the church website and church Facebook page.

Parent's Signature _____ **Date** _____

Forms may be returned to Pastor Sarah or your child's Sunday School teacher.
Thank you for enrolling your child in Sunday School!