

Sunday School Registration Form

Hope Lutheran Church

2011-2012

Student Information:

Last Name _____ First Name _____

Grade _____ Birthday _____ Allergies _____

Last Name _____ First Name _____

Grade _____ Birthday _____ Allergies _____

Last Name _____ First Name _____

Grade _____ Birthday _____ Allergies _____

Last Name _____ First Name _____

Grade _____ Birthday _____ Allergies _____

Parent Information:

Mother's Name _____ Father's Name _____

Address _____ City, Zip _____

Home Phone _____ Cell Phone _____

Child(ren) live(s) with: Both Parents _____ Mother _____ Father _____ Other (Please Specify) _____

Would you like to be notified of upcoming events via email?

If so, please provide _____

May we call you to help as a substitute teacher? _____

Parents can be reached during the Sunday school hour at:

_____ Church Service

_____ Home Phone

_____ Cell Phone

Is your younger child(ren) allowed to be released to an older sibling (5th grade & older)? Yes _____ No _____

If your child becomes sick or injured while at Sunday school and we are unable to reach a parent, who can we contact?

Name _____ Phone _____

If we cannot reach a parent or the above contact person, does Hope Lutheran Church have permission to take your child to the hospital in case of an emergency? Yes _____ No _____

May Hope Lutheran have permission to use photos of your child(ren) in church publications (e.g. the Hope Herald) where children will not be identified by name? Yes _____ No _____

Parent Signature_____