

# Calvary Lutheran Church Sunday School Registration 2009-2010 Sunday School Session



Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Next School Grade \_\_\_\_\_

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Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Next School Grade \_\_\_\_\_

Parent Name (Please print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Allergies that we should be aware of \_\_\_\_\_

(Use back of sheet if needed)

Alternate pick-up (People who have permission to transport child) Name \_\_\_\_\_ Phone \_\_\_\_\_

Areas of Interest for parents (Please check all that apply)

Help with Christmas Program \_\_\_\_\_ Help with Education Coffee Hours \_\_\_\_\_ Help assist SS Class \_\_\_\_\_

Co-Teach Sunday School Class \_\_\_\_\_ Help with VBS \_\_\_\_\_ Group Leader VBS \_\_\_\_\_

Help with special projects (i.e. Adopt-a Family, etc) \_\_\_\_\_

I give my consent to use photos of my child for inside church, web site and brochure purposes.

Parent Signature: \_\_\_\_\_