



Calvary Lutheran Church Sunday School Registration

2011-2012 Sunday School Session

Name of Student _____ Age _____ Next School Grade _____

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Parent Name (Please print) _____ Home Phone _____

Address _____ Cell Phone _____

City _____ 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: _____