

Christ Lutheran Church
Sunday School Registration Form

Personal Contact Details

Name of Child: _____

Date of Birth: / /

Baptismal Birthday: / /

Confirmation Date: / /

2015-2016 Grade in School _____ School Attending _____

Mom Name _____ Dad Name _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Address: _____ Address: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

Please give details (name, address and phone number) of other persons who you authorize to collect your child/ren in your absence, while in the care of the above-named group:

1. _____ 2. _____

3. _____ 4. _____

Please list any physical or special needs: (allergies and/or learning difficulties)

1. _____

2. _____

Information contained in this document will only be privy to Christ Lutheran staff and Sunday School volunteers.