

Sunday School Registration Form

2011- 2012
Christ Lutheran Church

Parent's name: _____

Address: _____ Phone: _____

Email: _____

Please be sure to include your email address for easy communication with the teachers.

Child's name: _____

Grade: _____ Age: _____ Birthday: _____

Allergies
or special needs: _____

Child's name: _____

Grade: _____ Age: _____ Birthday: _____

Allergies
or health concerns: _____

Child's name: _____

Grade: _____ Age: _____ Birthday: _____

Allergies
or special needs: _____

Child's name: _____

Grade: _____ Age: _____ Birthday: _____

Allergies
or health concerns: _____

If someone other than a parent brings the child:

Name: _____

Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Phone: _____

Relationship to child: _____