

CHRIST LUTHERAN CHURCH SUNDAY SCHOOL

REGISTRATION FORM 2018-2019

*For families with more than one child registering*

Name	Date of Birth	Date of Baptism	Date of First Communion
School Grade: School Name:			
School Grade: School Name:			
School Grade: School Name:			
School Grade: School Name:			

Are any of your children ready for First Communion Classes [ ] or Baptism Classes [ ]  
If so, please list their names

Home Address \_\_\_\_\_

Contact Information for Primary Contact

Name \_\_\_\_\_ Relation to children \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Names of other parents/guardians

Are there any legal custody restriction we should be aware of?     YES     NO

*\*If you answer yes, we will contact you for a follow up conversation*

Please List Any Food Allergies

Please List Any Special Medical or Learning Needs We Should Be Aware Of  
*learning disability, attention weakness, hearing loss, etc.*

Do any of your children require: EpiPen  YES  NO / Inhaler  YES  NO

Is there anything else we should know about your kids?

**Social Media Permission**

As a way of showcasing the faith growth in our community, we occasionally publish and shares images on social media, email, in our printed newsletter, and with the local media. We make it a point to not share names, ages, or hometowns of children in the pictures. Do we have your permission to share images of your children? *If you prefer that only some of your children appear in images and others don't, please list the names of your children whose images can be shared here:*

Yes [ ] No [ ]

Signature

Date