

CHRIST LUTHERAN CHURCH SUNDAY SCHOOL  
REGISTRATION FORM 2018-2019

Student's Full Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ (if applicable)

Date of First Communion \_\_\_\_\_ (if applicable)

Is your child interested in First Communion Classes [ ] or Baptism Classes [ ]

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

Contact Information for Primary Contact

\_\_\_\_\_  
Name Relation to child

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

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

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Does your child require: EpiPen ( ) YES ( ) NO / Inhaler ( ) YES ( ) NO

Is there anything else we should know about your child? *Likes/Dislikes, Games they like, activities they love or struggle with, special events important to them, etc.*

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Current School Grade \_\_\_\_\_

School Name \_\_\_\_\_

**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 child?

Yes [ ] No [ ]

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Signature

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Date