

Sunday School Registration Form 2017-2018
Central Lutheran Church, 100 West Rollin St, Edgerton WI 53534
608-884-9418, clcedgerton.org, sundayschoolcl@yahoo.com

Child's Name : _____ date of birth: _____ baptism date: _____ Grade: _____

Child's allergies or special accommodations that we need to be aware of in order to better serve your child?

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Sunday School you plan to attend : 8am - multiage class _____ 9:30am - classes by grade _____

Parents' Names: _____

email: _____ preferred phone number : _____

Parent volunteers: Our Sunday School program is run by wonderful volunteers like you. We would appreciate your time and talents. In what ways would you like to be a part of Sunday School? (check all that apply)

_____ teach once a month _____ substitute _____ classroom helper _____ staff nursery once a month

_____ Christmas program _____ occasional helper(group craft, service project) _____ music

*** Please note: Sunday School at Central Lutheran is free of charge**

Photo Consent form for 2017-2018 School Year

Please fill out and sign the following statement to grant permission to use pictures of your child/ren on the church website, facebook page and/or for other church publicity. With regard to the use of photos, the children in the photos will not be identified by name, residential address, email address, or phone numbers.

I, _____ (Please print your name) GRANT permission for Central Lutheran Church to publish pictures of my child/ren named above on the church's website or on the church's facebook page, bulletins, or other publicity information.

SIGNED: _____ Dated: _____

***Please return this form to main office at Central Lutheran Church**