

Sunday School Registration Form 2018-2019
Central Lutheran Church, 100 West Rollin St, Edgerton WI 53534
608-884-9418, clcedgerton.org, sundayschoolclc@yahoo.com

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

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

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

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

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

CONTACT INFORMATION

Parents' Names: _____

Address: _____ / _____
_____ / _____

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 _____ 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 2018-2019 School Year

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 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**