

Bethany Lutheran's Sunday School Registration

Our Sunday School is for ages 4 through 9th grade.

Child's Name: _____ Birth date: _____ Grade: _____

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Child's Name: _____ Birth date: _____ Grade: _____

Parent's Name: _____

Address: _____

Phone #: _____ Cell #: _____ 2nd Cell #: _____

Email address: _____

2nd Email: _____

**Emails will be used as a primary way to notify you of worship and Sunday School activities. Notes will also be sent home with children.*

Emergency Contact (if unable to get a hold of Parents)

Name: _____ Phone #: _____

Does your child(ren) have any allergies/medical conditions we should be aware of? _____

I am the legal parent/guardian of the above child(ren). I give my permission for my child to attend Bethany Lutheran's Sunday School and be taught by the volunteer teachers and staff of Bethany Lutheran Church. I also grant permission to Bethany Lutheran Church to publish photos/images that include my child(ren) without any personal identifiers on the church public internet website: <http://bethanylutheranrlf.com> and/or local newspapers.

Parent/Guardian Signature: _____

Date: _____