

Sunday School Registration Form

2011-2012

Sunday School is held at Peace Lutheran Church on Sundays from 10:00-10:50

September through May for Children preschool through sixth grade.

Child's Name _____ Nickname _____

Parent(s) or Guardian Name(s) _____

Child's Date of Birth ___/___/___ Grade This Year _____

Address _____

Phone: (H) _____ (W) _____

Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD, etc.)

Emergency Contact (name and phone) _____

I am available to help:

As a Sunday School Teacher

Sunday school music

As a Substitute Teacher

Vacation Bible School

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Peace Lutheran Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Peace Lutheran Church's children's ministry programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from September, 2011 until May, 2012

Signature of Parent/Guardian _____ Date _____