

Sunday School Registration Form 2020-21

Student Name _____
Last First M.I.

Address _____
DOB _____
Baptism Date _____
Grade _____

Student allergies or other medical conditions we should be aware of:

School district: _____

School student is currently attending: _____

I do NOT want my child's image used in Grace Lutheran Church materials.

This student will be driving himself/herself and the following:

Please list those who are allowed to drop off/pick up your child from Sunday School:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ Initial here if your student is permitted to take his/her mask off in the designated area during Sunday School.

Parent/Guardian Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Address (if different): _____

Email: _____

Check to **Opt in** for text messages and alerts from Grace Lutheran Church

Other Parent/Guardian Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Address (if different): _____

Email: _____

Check to **Opt in** for text messages and alerts from Grace Lutheran Church

Relationship of above guardians to each other: _____
(example: single, married, divorced, etc.)

Are there any individuals who are NOT allowed to sign your child out of Sunday School?

Yes / No

(If yes, please list.)

I understand that the activities I send my child to are voluntary, and I choose to allow my child to participate given the stated health/safety precautions provided to me.

Signed: _____ Date: _____