

Grace Lutheran Sunday School 2018-2019

Registration Form

Please list children in your household who will be attending Sunday School this year:

1) Name: _____ Date of Birth: _____ Grade: _____

2) Name: _____ Date of Birth: _____ Grade: _____

3) Name: _____ Date of Birth: _____ Grade: _____

Mailing Address: _____

Parent(s) Name(s): _____

Phone #1: _____

E-mail #1: _____

Phone #2: _____

E-mail #2: _____

Food allergies: _____

PHOTO RELEASE AUTHORIZATION

I/We **DO** give permission for _____'s image/photograph to be used in church publications such as the newsletter or church website.

(Your child's name or address **WILL NOT** be included with your child's image/photograph or student work when published on the Web.)

I/We **DO NOT** give permission for _____'s image/photograph to be used in church publications such as the newsletter or church website.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____
