

Sunday School Registration Form

(Sunday Mornings 9:45-10:45am)

Welcome back to another exciting year of Sunday School at Our Savior's Lutheran Church! To those of you joining us for the first time, WELCOME! We are thrilled to have you here! Please fill out this form to the best of your knowledge and let me know if you have any questions at all. Thank you for allowing us to spend this precious time with your child. We appreciate you!

God's Blessings,
Kyla Fetsch
Director of Youth Ministry

Youth Name _____

Grade Youth Will Be In August 2015 (circle one):

PRE-K K 1ST 2ND 3RD 4TH 5TH 6TH

Youth Date of Birth _____

Youth Baptismal Birthday _____

Parent Name(s) _____

Address(es) _____

Phone Number(s) _____

Email Address(es) _____

(Please make sure that the email address you list is one you frequently check as it will be used to distribute important Sunday School information. Thank you!)

Who will typically be picking your child up from Sunday School each week? _____

(Please plan on picking your child up at their classroom door each week unless you have made other specific arrangements with their teacher(s). It is very important for us to know that each child is accounted for. Thank you for your cooperation with this!)

ADDITIONAL EMERGENCY CONTACT

(This person will be called after an attempt has been made to reach the parent(s).
This person MUST be able to be reached during Sunday School.)

Emergency Contact Name _____

Emergency Contact Phone Number _____