

Sunday School Registration Form 2023-2024 (one per family)

Please print. Ages 3-Entering 5th Grade



Family Name: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Alternate phone: _____

Email: _____

Emergency Contact Person: _____

Phone: _____ Relation: _____

Name of Student: _____ Age: _____ Grade Entering: _____

Food/other allergies: _____

Medical/Other Concerns: _____

Name of Student: _____ Age: _____ Grade Entering: _____

Food/other allergies: _____

Medical/Other Concerns: _____

Name of Student: _____ Age: _____ Grade Entering: _____

Food/other allergies: _____

Medical/Other Concerns: _____

(use the back of this sheet of paper if you need more room for children in your family.)

People who may pick up: _____

At Immanuel we desire to honor your wishes regarding photos and videos of you and your child. By checking this box and signing the bottom of this form you are agreeing to the following:

I/We understand that my/our child's likeness maybe photographed or videotaped by Immanuel Lutheran Church in the course of church activities. I/We hereby give consent for the church to use my/our child's photo or likeness in our publications and promotional materials.

I/We hereby grand my/our consent to have my child participate in Sunday School and other related activities and release Immanuel Lutheran Church and its volunteers from any responsibility of personal injury and/or exposure to any infectious disease (i.e. COVID-19).

Parent Signature: _____