

Sunday School Registration
Evangelical Lutheran Church of Mt. Horeb

Primary Address _____

Primary Home or Cell Phone _____ Family's Email Address* _____

*Emails will be sent to the Family Email, unless you specify differently below

Mother's Name _____

Mother's Address (if different) _____

Mother's Cell Phone _____ Mother's Email Address* _____

Circle those you are willing to do: *-substitute -teach Sunday School -help during special events -prep projects at home*

Father's Name _____

Father's Address (if different) _____

Father's Cell Phone _____ Father's Email Address* _____

Circle those you are willing to do: *-substitute -teach Sunday School -help during special events -prep projects at home*

PHOTOS: *Your child's participation in Sunday School signifies your agreement that pictures may be taken of your child and shared with the congregation and community. No names will be used to identify children unless you are specifically asked for permission for a specific photo. Please cross out these sentences if you do not agree to photography of your child.*

Emergency Contact Name _____ Emergency Contact Phone _____

Please fill out the information for each child you are enrolling in Sunday School! (continue on back if needed)

Child's name _____ Grade Entering (or Pre-K) _____

Birthdate _____ Baptismal Date _____

Allergies or other information Sunday School leaders should know:

Child's name _____ Grade Entering (or Pre-K) _____

Birthdate _____ Baptismal Date _____

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Child's name _____ Grade Entering (or Pre-K) _____

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Allergies or other information Sunday School leaders should know:

To help cover the costs of Sunday School's curriculum and supplies there is a suggested donation of \$10/child