

OUR SAVIOR LUTHERAN CHURCH SUNDAY SCHOOL

STUDENT REGISTRATION FORM 2017-18

Student Name: _____ Age/Grade: _____

Birth Date: _____

Home Address: _____

Primary Phone #: _____

Email: _____

Child's School: _____

Emergency Contact: _____ Phone: _____

Student's Allergies or Special Needs: _____

Parent or Guardian's Names: _____

Sibling names/grade: _____

We love having children participate and share their gifts in worship. If your child would like to do that musically, check one or all below.

My child would be interested in:

singing in worship

playing an instrument in worship. My child already plays _____

playing a rhythm or percussion instrument in worship.

By checking this box **and signing below** I give permission for my child to attend Our Savior Lutheran Church Sunday School for the year 2017-18

By checking this box **and signing below** I give permission for photos that may include my child to appear on the Our Savior Lutheran Church web site, Facebook page, or in church publications.

Parent Signature: _____

Date: _____