

# Sunday School Registration Form 2017-2018

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**Please Return by August 16, 2017**

The Sunday School program at St. John's Lutheran Church provides Christian education to children who are at least four (4) years old by September 1<sup>st</sup> through 5<sup>th</sup> Grade. A pre-confirmation class for 6<sup>th</sup> Grade students is also available.

Our program is comprised of four key cornerstones, which include:

1. **Classroom Instruction:** Led by volunteer teachers provided with curriculum materials based on Biblical teachings consistent with the beliefs of the Lutheran Church Missouri Synod;
2. **Music:** Led by our Worship & Music Director to enhance our students' worship and praise through song;
3. **Memory Work (K-5):** Designed to build throughout the years in Sunday School to prepare students for confirmation. Our Memory Work is set to help students learn fundamental teachings such as the 10 commandments, key prayers, Bible verses, and components of Luther's Small Catechism; and
4. **Stewardship:** An offering is taken during common time and all funds collected are donated to a special cause to which our students can relate. In addition to weekly offerings, we occasionally engage in an additional service project to benefit a worthy cause.

***Please complete the registration form for each child and return it to the Church office prior to August 16, 2017.***

## PARENT CONTACT INFORMATION:

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Where would we find you during the Sunday School Hour: \_\_\_\_\_

*(We might need to locate you as quickly as possible should the need arise)*

## CHILD 1:

Child's Name \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Allergy Concerns: \_\_\_\_\_

## CHILD 2:

Child's Name \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Allergy Concerns: \_\_\_\_\_

## CHILD 3:

Child's Name \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Allergy Concerns: \_\_\_\_\_

***Complete Reverse Side of Form to Complete Registration***

### Emergency Contact Information

In case of emergency, contact the following individual:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

***I authorize medical treatment for my child in case of accident or illness, if parent cannot be located and an emergency situation should arise.***

***Signature of Parent/Guardian***

**For Parent/Guardian of children younger than first grade:** Children younger than first grade **MUST** be picked up at the classroom.

**For Parent/Guardian of children first through sixth grade:** Children will remain in their classroom until picked up unless otherwise indicated below.

My child, \_\_\_\_\_, **does/does not (circle one)** have my permission to leave the classroom after Sunday School.

**For all Sunday School children:**

My child, \_\_\_\_\_, may be released to the following persons (other than parents):

Name	Relationship	Name	Relationship
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My child, \_\_\_\_\_, may **NOT** be released to the following persons (information will be kept confidential):

Name	Name
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**Pictures:** We occasionally post pictures of children on bulletin boards and throughout the Church facility. Please check the applicable box and provide your signature. If no box is checked, it will be considered a No.

Yes, I give permission for my child's picture to be taken.

No, I do not want my child's picture taken.

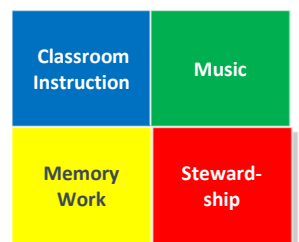
***Signature of Parent/Guardian***

***Date***

**Completed Registration Forms Should be Returned to the Church Office by August 16, 2017**

**Or You Can e-mail Your Form Directly to [tim.walz@msn.com](mailto:tim.walz@msn.com)**

***Sunday School***



***St. John's Lutheran Church***