

# Sunday School Registration 2011 -12

Faith Lutheran Church 8202 18th Ave. NE Seattle WA 98115 (206) 523-9636

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Birthday \_\_\_\_\_ Baptismal Birthday if known: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Siblings' names and ages \_\_\_\_\_

Further contact info for family:

Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

*(Contact information will be used only for Sunday school and church purposes.)*

Best time/way to contact you? \_\_\_\_\_

Emergency contact in case parents can't be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical provider contact: \_\_\_\_\_

Phone \_\_\_\_\_

Food Restrictions/Allergy Alerts:

\_\_\_\_\_

Health Alerts/Concerns:

\_\_\_\_\_

Your child's interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During the Sunday school hour, where can we reach the person responsible for the child?

\_\_\_\_\_

Other information you would like to share with your child's teachers:

\_\_\_\_\_

Grow in Love, Love by Serving