

2018 – 2019 Salem Lutheran Sunday School Registration Form

Name of Child (4 years & older)
Date of Birth

Grade

Parent/Guardian Name

E-mail Address: _____

Mailing Address: _____

Home & Cell Numbers: _____

Other Numbers you could possibly be reached in an emergency during Sunday School hours:

Is there anyone besides you who will be picking your child(ren) up? _____
If yes, please list their names & numbers: _____

Any medical conditions we should be aware of? If yes, please explain.

Do we have your permission to seek medical treatment for your children in an emergency if you cannot be reached? If yes, please sign & date.

Do you have any children not yet age 4 that you will be enrolling in Sunday School in the future? If so, we would appreciate knowing their names & dates of birth so we can be ready for them!

Vacation Bible School:

What days would you like to see VBS? M T W T F S S

What times work best for family? Morning Afternoon Early Evening

Can you volunteer? Y N

Thank you,
Tina Polreis
Education Coordinator
mtfarms@santel.net
928-7662 or 999-5346

