Long Lake Lutheran Church Sunday School Registration

Name:	_ Age:	Birthday:	Grade:	
Baptized? Yes/No Baptism Date	e:	_		
Parent(s)/Guardian Name:				
Address:				
Home Phone:	Cell Phone: _			
E-mail:			· · · · · · · · · · · · · · · · · · ·	
Allergies:				
Child to be picked up by:				
Check here if you'd like your child to walk b	back to the ma	in building on their ov	wn:	
Are you a member? Interested in	joining? □Yes	□No □More infor	rmation	
Photo Release- I hereby certify that I am hereby give my consent to Long Lake Lutle photographs, video recordings or electrothe church website. Parent/Guardian Signature:	heran Church t nic images in a	o use my child's/child ny and all of its public	lren's cations including	
Volunteers make wonderful programs like				
Teacher Rotation (serve twice a mo	•	Name:		
Substitute teacher/Substitute music		Name:		
Education Committee (Meet once a	a montn)	Name:		
Are weekends inconvenient? Join our Wed	Inesday Childre	en's Church!		
☐ I will be attending on Wednesday a Simply fill in the same information a	above and che	ck this box.		
Wednesday Children's Church is similar ma		•		
school house setting with all of our ages co		_		
vital to make this program happen. Check l Church.	below for how	you are willing to assi	ist in Wednesday Cl	niidren's
Church. Teacher (2 or more so you can rota	te weeks)	Name:		
Substitute teacher	te weeks)	Name: Name:		
☐ Education Committee (Meet once a	a month)	Name:		