Long Lake Lutheran Church Sunday School Registration

Name: _____ Age: ____ Birthday: _____ Grade: ____

Baptized? Yes/No Baptism Date: _____

Parent(s)/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Allergies: _____

Child to be picked up by: _____

Are you a member? _____ Interested in joining? ☐Yes ☐No ☐More information

Photo Release- I hereby certify that I am the legal guardian of the above child/children, and do hereby give my consent to Long Lake Lutheran Church to use my child's/children's photographs, video recordings or electronic images in any and all of its publications including the church website.

Parent/Guardian Signature: _____

Volunteers make wonderful programs like this possible. Can you help out?

- ☐ Add me to the Sunday School Volunteer rotation Name: _____
- ☐ Substitute teacher/Substitute music leader Name: _____
- ☐ Education Committee (Meet once a month) Name: _____
- ☐ Music Leader Name:_____

Are weekends inconvenient? Join our Wednesday Children's Church!

- ☐ I will be attending on Wednesday at 6:00 pm instead of Sunday. Simply fill in the same information above and check this box.

Check below for how you are willing to assist in Wednesday Children's Church.

- ☐ Teacher (2 or more so you can rotate weeks) Name: _____
- ☐ Substitute teacher Name: _____
- ☐ Education Committee (Meet once a month) Name: _____
- ☐ Music Leader Name:_____