

Lakeview Lutheran Church
Sunday School Registration Form

Name: _____ Age: (as of Sept. 1, 2009) _____

Birth Date: _____ Baptism Date: (If known) _____ 09-10 School Grade: _____

Name of a Parent or Guardian: _____ Phone: _____

Address: _____ Zip Code: _____

Other Parent's Name: _____ Phone: _____

Address: (if different) _____ Zip Code: _____

Family e-mail address: _____

Child's special interests and activities: _____

Any food allergies? _____ If so, to what? _____

Any siblings attending Sunday School? If so, list names and ages: _____

Emergency Contact during Sunday School Hour:

- I will probably be in the church building.
- Other _____

I would like to help in the following area with Sunday School needs:

- Teacher
- Assistant Teacher
- Substitute Teacher
- Donate Supplies
- Food for special occasions
- Prayer Support
- My Suggestion: _____

Is there any other information that would assist us in working with your child?