

# Immanuel Lutheran Sunday School

## 2021 - 2022 Registration Information

Parent's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name	Grade	Birthdate	Child's Name	Grade	Birthdate
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_____	_____	_____	_____	_____	_____
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Child's Name	Grade	Birthdate	Child's Name	Grade	Birthdate
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_____	_____	_____	_____	_____	_____
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Child's Name	Grade	Birthdate	Child's Name	Grade	Birthdate
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_____	_____	_____	_____	_____	_____
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### Emergency Contact Information:

In the event that you cannot be reached, please give us the name and phone number of the person who we can contact.

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **\*EMAIL AND FACEBOOK WILL BE THE MAIN METHODS OF COMMUNICATION\***

Periodically we post pictures of Sunday school events/classes on our closed group Facebook Pages (ILC Sunday School and Immanuel Lutheran, Strum, WI), Church Website, or on Bulletin Boards at Immanuel Lutheran, or in the monthly newsletter. We understand that your child's security is a top concern and we will only post photos of children if you give permission. Names will not be included with any photos used.

I give Immanuel Lutheran Sunday School permission to post photos of my child on the closed Facebook group pages, Church Website, Immanuel Bulletin Boards, and/or in the church newsletter.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **THIRD GRADE PARENTS ONLY!!!**

Please list your child's name **EXACTLY** how you would like it printed on their bible.

\_\_\_\_\_

**Immanuel Lutheran Sunday School  
2019-2020 Registration**

**HEALTH CONCERNS**

Does your child have any allergies or other health concerns that we need to be aware of while they are in our care?

Child's Name: \_\_\_\_\_

Please describe health concern: \_\_\_\_\_

\_\_\_\_\_

Please describe attention or action needed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Please describe health concern: \_\_\_\_\_

\_\_\_\_\_

Please describe attention or action needed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Please describe health concern: \_\_\_\_\_

\_\_\_\_\_

Please describe attention or action needed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

There will be times throughout the year that we will be looking for parent or family volunteers. If you or any members of your family are interested in helping, please indicate below.

Name: \_\_\_\_\_

Hosting Coffee Hour/Soup Supper

Substitute Teacher for Grade(s) \_\_\_\_\_

Providing Snacks for the class

Youth Event Team Member (Christmas Program, Rally Day,

Classroom Decorating

End-of-Year Celebration, & other seasonal special activities)

Unit Leader for grades 1-6 (Customizable curriculum available 2 months prior to lessons – Units are 3-5 weeks)