



United Lutheran Church  
2016- 2017 Sunday School and The Well Registration  
Three Year Olds – Middle School

**Family Information:**

Parent Name:	Parent Name:
Address:	Address:
Phone #:	Phone #:
E-mail:	E-mail:

**Student Information:**

Child's Name:	Grade:
Date of Birth:	Age:
Special Info/Allergies	

Child's Name:	Grade:
Date of Birth:	Age:
Special Info/Allergies	

Child's Name:	Grade:
Date of Birth:	Age:
Special Info/Allergies	

**Emergency Contact:**

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

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

**Dismissal Information:**

Name(s) of person(s) who may pick up child from Sunday School

\_\_\_\_\_

Do you give permission for photos of your child to appear in church materials? \_\_\_\_\_

Are you interested in helping with Sunday School? \_\_\_\_\_