



United Lutheran Church
2015-2016 Sunday School 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:	2015-2016 Grade:
Date of Birth:	Age:
Special Info/Allergies	

Child's Name:	2015-2016 Grade:
Date of Birth:	Age:
Special Info/Allergies	

Child's Name:	2015-2016 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? _____