



**Lutheran Church of Our Redeemer
Sunday School Registration Form
Christian Education 2018-2019 School Year**

Name of Child: _____

Date of Birth: _____ Date of Holy Baptism: _____

Date of First Holy Communion: _____

Entering Grade Level: _____ Age: _____

Parents' or Guardians' Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Health Concerns: Food Allergies or Special Needs: _____

Willingness to Volunteer. No experience necessary. We would love the help!

Substitute Teacher: _____ What grade: _____

Does the Lutheran Church of Our Redeemer have your permission to publish your child's photograph on our Website, in our Monthly Newsletter, or on our Bulletins Boards in the church? Please respond with a **YES or NO: _____

****(No Photograph of children will be posted on our Facebook Page)**

Parent or Guardian Signature: _____

Please fill out this form one per child in the family and return to the church's office ASAP prior to September 10th. This will help the teachers and staff organize their classroom's curriculum needs.

Blessings,

*Jessica Keaney
Christian Education Committee Chair*