

Hope Evangelical Lutheran Church

Sunday School Registration 2018 – 2019

Welcome to Sunday School!
Please return this form to the church office.

Parent/Guardian Information:

Father's Last Name _____ Father's First Name _____ Cell Phone _____

Mother's Last Name _____ Mother's First Name _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Email Address _____

Student Information:

Full Name _____ D.O.B. _____ Grade as of Sept. 2018 _____

Additional Information (Allergies, special needs, etc.):

Full Name _____ D.O.B. _____ Grade as of Sept. 2018 _____

Additional Information (Allergies, special needs, etc.):

Full Name _____ D.O.B. _____ Grade as of Sept. 2018 _____

Additional Information (Allergies, special needs, etc.):

In addition, I/We would like to help support the Sunday School learning experience in the following ways:

Be part of a Teaching Team
For Grades? _____

Be placed on Substitute Teacher List
For Grades? _____

Assist with the Christmas Program
 Volunteer for Vacation Bible School

We sometimes photograph or videotape children for publicity purposes, both internally and externally:

I give permission for my child(ren) to be photographed/videotaped.

I do not give permission for my child(ren) to be photographed/videotaped.

Signed _____

Date _____

By registering for Hope Church's Sunday School program, you and your child(ren) agree to abide by all outlined rules and expectations.