

2020-2021 Sunday School Registration

Faith Lutheran Church, Valders

(please fill out one form per child)

Child's First & Last Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ 2020-2021 Grade in School: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Allergies or medical conditions: _____

Food Allergies: _____

In case of emergency during Sunday School, contact: _____

Phone: _____

Relationship to child: _____

Please check your preference:

_____ We plan to come to in person Sunday School.

_____ We would like to use the Family Faith Box for at home learning. If you have selected this option, please indicate below how you would like to receive your Family Faith Box:

_____ We will pick up the box after email notification of it being ready each month.

_____ Contact us about setting up a monthly delivery of the Family Faith Box.

Please check one:

_____ Yes, I will allow my child's photo to be used on the church website and publications.

_____ No, you may not use my child's picture.