



OUR SAVIOR'S LUTHERAN CHURCH

SUNDAY SCHOOL ENROLLMENT

2 year olds - 7th grade

2010-2011

Student's Full Name _____ Birth date ____/____/____

First Name Student Goes By: _____

Mom's Name _____ Dad's Name _____

Address _____

City _____ Zip _____

Phone (____) _____ Cell Phone (____) _____

E-mail address _____

Grade student is in during the 2010-2011 School Year

___ 2 yr. ___ 3 yr. ___ 4K ___ 5K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7

Child Attends _____ School

Our Savior's forms a partnership with parents in the Christian Education of their children.

Parents will be called upon during the school year to be a helper or substitute teacher.

___ I give permission for my son/daughter's photo to be used in church related documents,
ie: newsletter, posters, picture in local newspapers...(Note: photos will not be used on website.)

___ No, I prefer that their photo not be used in any publication.

IMPORTANT: Please mention below any information about your child that will be helpful for his/her teachers to know. Such things would include special family situations (shared custody that may affect attendance), special needs (physical, medical, educational, behavioral), any medications your child is on or food allergies, classroom placement considerations, etc.

This information will be held confidential.



Emergency Name and Phone Number if Parent cannot be reached:

(____) _____

Office use: Registration Date _____
Class Assigned _____