

SUNDAY SCHOOL GRADE _____

**2018-2019
GOOD SHEPHERD LUTHERAN CHURCH
SUNDAY SCHOOL REGISTRATION**

STUDENT NAME _____ BIRTHDAY _____
(Last) (First) (Middle Name)

BAPTIZED YES _____ Date _____ NO _____

FIRST COMMUNION YES _____ Date _____ NO _____

SCHOOL GRADE _____

STUDENT'S ADDRESS _____
(Street) (City) (State) (Zip)

LIVE WITH PARENT(S) _____
(Name/s)

LIVE WITH GUARDIAN(S) _____
(Name/s)

BEST PHONE NUMBER TO BE REACHED AT _____

ADDITIONAL EMERGENCY CONTACT _____
Name Relationship
Phone number _____

I give permission for my son/daughter _____ to have his/her picture included in the church newsletters, website, and social media for Good Shepherd Lutheran Church.

Name of parent/guardian Date

**FOR YOUR CHILD'S SAFETY,
PLEASE COME TO THE CLASSROOM AT DISMISSAL**

**2018 - 2019
GOOD SHEPHERD LUTHERAN CHURCH
MEDICAL INFORMATION**

CHILD'S NAME _____

PARENT/GUARDIAN'S NAME _____

BEST PHONE NUMBER TO BE REACHED AT _____

ADDITIONAL EMERGENCY CONTACT _____

Name Relationship

Phone number _____

Please list any learning needs that your child may have:

Please list any food allergies your child may have AND what needs to be done in the event of an allergic reaction:

Please list any **non**-food allergies your child may have AND what needs to be done in the event of an allergic reaction:

Please use the back of this form if needed. Do NOT leave anything blank. If your child does not have allergies, etc., mark "NONE" in each square.

RETURN THIS FORM TO:
Mary Steighner
Christian Education Director