

SUNDAY SCHOOL GRADE \_\_\_\_\_

**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 child \_\_\_\_\_ to have their image included in photos and video for church newsletters, website, and social media of Good Shepherd Lutheran Church.

\_\_\_\_\_  
Name of parent/guardian Date

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

Revised 7/18/19

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 \_\_\_\_\_

**HEALTH/LEARNING NEEDS:** Please list any health or learning needs that your child may have:

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

**NON-FOOD ALLERGIES:** 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.