

Sunday School Registration

2010-2011

Today's Date _____

Child's Name _____

Birthday _____ Age _____ Grade _____

Parents' Names _____

Home Address _____

Phone number(s) _____

e-mail address _____

Baptized? Yes / No (Give date, if possible) _____

FOOD ALLERGIES _____

MEDICAL CONCERNS _____

I, _____, do hereby authorize Hope Lutheran Church to photograph _____ during September 1, 2010 through August 30, 2011 for the purpose of publicity, public information, advertising, training presentations or for any Sunday School programs. I hereby agree not to hold Hope Lutheran Church and its staff responsible for any ill effects which may arise for the publication of such picture.

Signature of Parent/Guardian _____

Date _____