

Household Name: \_\_\_\_\_

Zion Lutheran Church  
Sunday School Registration  
School Year of 2010/2011

(Please list all Children)

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please indicate yes or no in the space: Baptized: \_\_\_\_\_ First Communion \_\_\_\_\_ Do you desire info: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please indicate yes or no in the space: Baptized: \_\_\_\_\_ First Communion \_\_\_\_\_ Do you desire info: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please indicate yes or no in the space: Baptized: \_\_\_\_\_ First Communion \_\_\_\_\_ Do you desire info: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please indicate yes or no in the space: Baptized: \_\_\_\_\_ First Communion \_\_\_\_\_ Do you desire info: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (If different): \_\_\_\_\_

Address (if different) \_\_\_\_\_

e-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (If different): \_\_\_\_\_

Address (if different) \_\_\_\_\_

e-mail: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

During the Sunday School hour, how is the best way to contact you? \_\_\_\_\_

If you are in the Church, what room can we locate you in? \_\_\_\_\_

Which area can we count on your help?

- Become a teacher     Occasional volunteer     crafts     Substitute teach  
 Special events     Snacks     Music     Library     Christian Ed Committee

Not currently a member of Zion Lutheran Church? Would you like to receive additional information about Zion? Y / N

So we may protect the well being of your child while in our care, please list any concerns, special needs, allergies that you may feel are necessary for your child's teacher and the church leadership to know about. Please indicate which child. If more room is needed please use the back. \_\_\_\_\_

Occasionally we use pictures on our website to advertise church programs. Check here if you ***do not*** want us to use your child/children's picture.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:							
<input type="checkbox"/> CE	<input type="checkbox"/> CYF	<input type="checkbox"/> Teacher 1	<input type="checkbox"/> Teacher 2	<input type="checkbox"/> Teacher 3	<input type="checkbox"/> Teacher 4	<input type="checkbox"/> Pastor Kathy	<input type="checkbox"/> Gayla
							Rev Aug 2010