

**Sunday School Registration for 2024-2025**

Thank you for completing this form and for your interest in Sunday School for your child.

**Child's Information**

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

Nickname (optional): \_\_\_\_\_

Birthday: \_\_\_\_\_

**Parent/Guardian Contact Information**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Can we text you with class updates?  Yes  No

Email: \_\_\_\_\_

**Health Questions** - Please list any special needs, medical conditions and food allergies.

\_\_\_\_\_

**Emergency Contact**

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

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

**Volunteer** - Are you interested in volunteering for classes or special events?  Yes  No

**Photo Release**

I grant Zion Lutheran Church and its staff permission to photograph my child during Sunday school activities and use on Zion Lutheran's Facebook or website.  Yes  No

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_