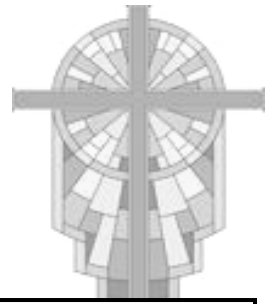


# Lutheran Church of the Cross

## 2018–2019 Church School Registration Form

### Preschool—5th Grade



#### Choose your Church School Time:

Please indicate your 1st and 2nd choices for Church School.

\_\_\_ Sunday 9:00am    \_\_\_ Sunday 10:10am    \_\_\_ Wednesday 5:45pm    \_\_\_ Wednesday 6:45pm

**\$30 per student** (\$80 max per family)

\*No family will be turned away due to finances\*

Hey Parents...  
Join in and volunteer!  
You'll be glad you did!

Your Name \_\_\_\_\_

\_\_\_ Church School Teacher

\_\_\_ Church School Co-teacher/ Team Teacher (2 or more teachers)

\_\_\_ Substitute Church School Teacher

Indicate age level and time you are willing to help \_\_\_\_\_

\_\_\_ Church School Volunteer (Random Tasks, Events, etc.)

#### STUDENT REGISTRATION (spaces for more children on back)

1. Child's Name: \_\_\_\_\_

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2018)*: \_\_\_\_\_

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

Food/Drug Allergies: \_\_\_\_\_

Additional Info: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2018)*: \_\_\_\_\_

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

Food/Drug Allergies: \_\_\_\_\_

Additional Info: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2018)*: \_\_\_\_\_

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

Food/Drug Allergies: \_\_\_\_\_

Additional Info: \_\_\_\_\_

#### HOUSEHOLD INFORMATION

Parent(s)/ Legal Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ Preferred Email\*: \_\_\_\_\_

**\*A majority of Church School communication will be shared via email. Be sure to include your email address!\***

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

**Office use:**  
Date Received: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check # \_\_\_\_\_

## STUDENT REGISTRATION

4. Child's Name: \_\_\_\_\_

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2018)*: \_\_\_\_\_

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

Food/Drug Allergies: \_\_\_\_\_

Additional Info: \_\_\_\_\_

5. Child's Name: \_\_\_\_\_

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2018)*: \_\_\_\_\_

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

Food/Drug Allergies: \_\_\_\_\_

Additional Info: \_\_\_\_\_

6. Child's Name: \_\_\_\_\_

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2018)*: \_\_\_\_\_

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

Food/Drug Allergies: \_\_\_\_\_

Additional Info: \_\_\_\_\_

**Photo Release:** Pictures may be taken of your child while at Lutheran Church of the Cross or church related events. Pictures, without names, may be posted at the church, on Facebook, on our website, or in publications. \_\_\_\_\_ I give Lutheran Church of the Cross permission to take and use my child's picture.

\_\_\_\_\_ I do not want my child's picture taken.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*