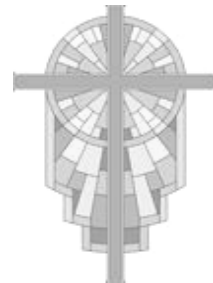


2019-2020 Church School Registration Form

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 7/31/2019)*: _____

Birth Date: _____

Food/Drug Allergies: _____

Additional Info: _____

2. Child's Name: _____

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2019)*: _____

Birth Date: _____

Food/Drug Allergies: _____

Additional Info: _____

3. Child's Name: _____

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2019)*: _____

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 7/31/2019)*: _____

Birth Date: _____

Food/Drug Allergies: _____

Additional Info: _____

5. Child's Name: _____

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2019)*: _____

Birth Date: _____

Food/Drug Allergies: _____

Additional Info: _____

6. Child's Name: _____

Gender: Male or Female *(circle)*

Age or Grade *(As of 7/31/2019)*: _____

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