



Hope Evangelical Lutheran Church

Sunday School Registration 2012 / 2013

Welcome to SUNDAY SCHOOL! Please return to the church office.

PARENT/GUARDIAN INFORMATION

Father's Last Name _____ Father's First Name _____ Cell Phone _____

Mother's Last Name _____ Mother's First Name _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Email Address _____

STUDENT INFORMATION

Student's First Name	Student's Last Name	Member of Hope?	New to the Program?	Birthday (mm/dd/yyyy)	Grade as of Sept. 2012	Allergies/Special Needs

In addition, I / we would like to help support the Sunday School learning experience in the following ways:

Be part of a Teaching Team Be called in for Substitute Teaching Assist with the Christmas Program

We would be interested in attending a Christian Education program on Saturday Evening. Frequently Occasionally Rarely

We sometime photograph or videotape children for publicity purposes, both internally and externally.

I give permission for my child(ren) to be photographed/videotaped. I do not give permission for my child(ren) to be photographed/videotaped.

Signed _____

Date _____