



Hope Evangelical Lutheran Church Sunday School Registration 2010 / 2011

Welcome to SUNDAY SCHOOL! Please return by June 30, 2010.

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. 2010	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 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 _____