

Galilee Lutheran Church - Registration for Sunday School 2019-2020

Family Last Name: _____

Address: _____ City & Zip: _____

School(s) you child(ren) attend: _____

Student Name: _____ Birth Date: _____ Grade (2019-20) _____

Student Name: _____ Birth Date: _____ Grade (2019-20) _____

Student Name: _____ Birth Date: _____ Grade (2019-20) _____

Student Name: _____ Birth Date: _____ Grade (2019-20) _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

*We will be using e-mail to contact parents regarding Sunday School and related activities,
unless you inform us of an alternative.*

Emergency contacts: please provide one non-parent emergency contact in the event that the parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Permission to enroll

I hereby enroll and give my permission for my child(ren) to participate in the Sunday School activities of Galilee Lutheran Church during the school year of 2019-2020.

It is the responsibility of the parent(s) or legal guardian(s) to notify Galilee Lutheran Church if there are changes in medical conditions, medications and allergies. **See back***

Transportation

Per our Youth Safety Policy, it is the responsibility of the parent or guardian to provide transportation to and from all church events. The following adults are eligible to pick up my child(ren) from Sunday School:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

- I do not** want my child's photo or video used by Galilee Lutheran Church for the church website, promotion posters, church newsletters, church directory or church Facebook page.

Parent/Legal Guardian Signature

Date

(SEE BACK FOR HEALTH CONDITIONS)

Please do not leave a box blank; if applicable, please put N/A or none.

Child's Name	Allergy, severity & treatment	Please list any health conditions, activity restrictions, learning or behavioral needs.