

# Lord of Life Sunday School Registration Forms 2011-2012

*Please complete and return this form to the church to register your child for Sunday School. Children ages 3 through 5<sup>th</sup> grade - please fill out one for each child.*

**Student's Name**

**Address:**

**City/State/Zip:**

**Home Phone:**

**Birth Date:**

**Baptism date/month:**

**Grade:**

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Mother/Guardian's Name:

Address (if different from above):

City/State/Zip:

Home Phone:

Cell:

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Father/Guardian's Name:

Address (if different from above):

City/State/Zip:

Home Phone:

Cell

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Additional Emergency Contact: Name:

Phone:

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This is the first time my child is entering Sunday School \_\_\_ Yes \_\_\_ No

Names/ages of siblings:

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Sunday School communication is through e-mail.

My e-mail address is:

I do not have e-mail, please use this phone number:

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Special concerns that you would like the teacher and staff to be made aware of:

*(any special needs, learning concerns, physical limitations, etc.)*

Does your child have allergies? \_\_\_ YES \_\_\_ NO

If yes, what are they allergic to? \_\_\_\_\_

If yes, what treatment is required if a reaction occurs? \_\_\_\_\_

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For 2<sup>nd</sup> grade and younger,

Person other than Parent/Guardian who may pick up child:

Name

Relationship