



ST. MARTIN'S  
Lutheran Church

# Sunday School Registration 2018-2019

Welcoming Children Ages 3yrs through 4<sup>th</sup> Grade

Please print the required information below.

1) Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of 9/1/18: \_\_\_\_\_ Age as of 9/1/18: \_\_\_\_\_  
Medical Conditions/Allergies: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of 9/1/18: \_\_\_\_\_ Age as of 9/1/18: \_\_\_\_\_  
Medical Conditions/Allergies: \_\_\_\_\_

3) Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of 9/1/18: \_\_\_\_\_ Age as of 9/1/18: \_\_\_\_\_  
Medical Conditions/Allergies: \_\_\_\_\_

4) Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of 9/1/18: \_\_\_\_\_ Age as of 9/1/18: \_\_\_\_\_  
Medical Conditions/Allergies: \_\_\_\_\_

**Parent(s)/Guardian:** \_\_\_\_\_

Address (street / city / zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

2<sup>nd</sup> Emergency Contact (*other than parent*): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Volunteer opportunities for parents (please check all that interests you:**

- \_\_\_\_\_ **Teacher or Co-Teacher.**
- \_\_\_\_\_ **Classroom assistant/floater,**
- \_\_\_\_\_ **Help with Intergenerational Event after worship service (Nov. 25, 2018).**
- \_\_\_\_\_ **Help with Christmas Program (Dec. 23, 2018).**
- \_\_\_\_\_ **Help with lesson planning for rotation classes.**

**Note: There is no fee for your child(ren) to attend Sunday School. Free-will donations are accepted.**

**Office use only:** Reg. Fee Pd: \_\_\_\_\_ Check # \_\_\_\_\_