



Sunday School

REGISTRATION

Hope Lutheran Church – Long Grove, Illinois

Starts September 8, 2018 at 9:45am

Rising Pre-School to 8th Grade

(Please return by September 1st)

Child's Name: _____ Grade Fall 2019 ____ Date of Birth: _____ M/F

Child's Name: _____ Grade Fall 2019 ____ Date of Birth: _____ M/F

Child's Name: _____ Grade Fall 2019 ____ Date of Birth: _____ M/F

Email: _____ (Please make clear as all communication is by email)

Parent or Guardian Cell/Work Phone #: _____ Home Phone #: _____

Non-Food allergies we should be aware of: _____

Food Allergies we should be aware of: _____

Parent/Guardian Name _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Home Church Affiliation: _____

Name of Person(s) responsible for picking up this child at the end of each session: _____

In the event of an emergency Hope Lutheran has my permission to seek medical attention. I understand that Hope is not liable for any personal injury, sickness or expense as a result of participation in the program. I also authorize Hope Lutheran Church to use my child's photo for bulletin boards/website/Facebook/print.

Parent/Guardian Name & Signature: _____

We need volunteers for this amazing Sunday School program! Contact us to volunteer via email/phone or send this form via mail/turn in at church in marked bins.

Volunteer Name: _____ Phone #: _____

Email: _____

I am interested in helping as (circle one or more):

Class Leader

Class Assistant

Snack Leader

Special Events Leader

If Class Leader or Assistant, Preferred Grade: _____