



GLORIA DEI LUTHERAN CHURCH (DANA POINT, CA)

Grace changes everything!

SUNDAY SCHOOL REGISTRATION

Parent Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Members of Gloria Dei? Yes _____ No _____ Emergency Contact/Phone Number: _____

Child's Name: _____ Entering Grade: _____

Date of Birth: _____ Age: _____ Month of Baptism: _____

Child's Name: _____ Entering Grade: _____

Date of Birth: _____ Age: _____ Month of Baptism: _____

Child's Name: _____ Entering Grade: _____

Date of Birth: _____ Age: _____ Month of Baptism: _____

Child's Name: _____ Entering Grade: _____

Date of Birth: _____ Age: _____ Month of Baptism: _____

Special Concerns (allergies, disabilities, etc): _____

Can you serve as a substitute? Yes ___ No ___

Can you help the class in another capacity? Yes ___ No ___

If you are able to assist, please list interest area: _____

I give permission for my sons and/or daughters to participate fully in the Sunday School program at Gloria Dei Lutheran Church, including any snacks and games. In case of an emergency, I understand that every effort will be made to contact the parents/guardians of the child(ren). In the event I cannot be reached, I hereby give permission for the medical personnel selected by the Sunday School staff to secure proper and necessary treatment for my child(ren) as named on this form.

Parent Signature & Date: _____

I understand that during the course of the year pictures may be taken to help us remember the events of the year. I give permission for my child's picture to be used in church publications such as but not limited to the newsletter and website. The child's name will never be used without permission.

Parent Signature and Date: _____