**Rose of Sharon Lutheran Church**

**Sunday School Registration Form**

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| **Children attending Sunday school** (only one form needed per family) |
| **Name** | **Birthdate** | **Grade** | **Medical Alert/Allergies** |
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Please let us know any helpful information about your child(ren), such as they are shy, they have trouble focusing.

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| **Name** | **Helpful information** |
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| **Parent/Guardian Information** |
| Name(s) |  |
| Street Address |  |
| City, State Zip Code |  |
| Cell Phone(s) |  |
| E-Mail\* |  |

\*We will send updates on Sunday school activities, such as children singing during church, youth activities, Christmas program reminders, and other notices to the e-mail provided.

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| **Emergency Contact 1** |
| Name |  |
| Cell Phone |  |
| Relationship to Child |  |

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| **Emergency Contact 2** |
| Name |  |
| Cell Phone |  |
| Relationship to Child |  |

Please be advised that your child(ren) may be photographed at various ROS Church events. If you would like your child(ren)’s photograph to be used on our public facing sites and/or bulletin boards please sign below.

\_\_\_\_\_\_\_\_ Yes, I give ROS Lutheran Church permission for child(ren)’s photograph to be used as stated above.

\_\_\_\_\_\_\_\_ No, I do not give ROS Lutheran Church permission for my child(ren)’s photograph to be used as stated above.

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| **Parent/Guardian contact during Sunday school hour** |
| Provide telephone where Parent/Guardian can be reached during the Sunday School hour? |
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|  |  |  |
| Signature |  | Date |

