

Rose of Sharon Lutheran Church
Sunday School Enrollment Form



2017-2018

Parent/Guardian Information	
Name	
Street Address	
City State Zip Code	
Home Phone	
Cell Phone	
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.

Emergency Contact	
Name	
Street Address	
City State Zip Code	
Home/Cell Phone	
Relationship to Child	

Please be advised that your child(ren) may be photographed and/or video recorded at various ROS Church events. If you would like your child(ren)'s photograph to be used on our webpage, Facebook page and/or bulletin boards please sign below.

_____ Yes, I give ROS Lutheran Church permission for child(ren)'s photograph and/or video recording to be used as stated above.

_____ No, I do not give ROS Lutheran Church permission for my child(ren)'s photograph and/or video recording to be used as stated above.

Children attending Sunday school (only one form needed per family)			
Name	Birthdate	Grade	Medical Alert/Allergies

Please let us know any helpful information about your child(ren)...i.e. they are shy, they have trouble focusing.

Name	Helpful information

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

Signature _____

Date _____

