

**Rose of Sharon Lutheran Church
Sunday School Registration Form**

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), such as they are shy, they have trouble focusing.

Name	Helpful information

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.

Emergency Contact 1	
Name	
Cell Phone	
Relationship to Child	

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.

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

Signature

Date

