

PLEASE ATTACH PAYMENT TO REGISTRATION FORM & TURN IN TO THE CHURCH OFFICE

Our Father's Lutheran Church

**SUNDAY SCHOOL REGISTRATION FORM
(3-Year-Olds – 6th Grade)**

3903 Gilbert Avenue SE, Rockford, MN 55373 (763) 477-6300

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Church Membership: (please check)

Member of Our Father's Non-Member of Our Father's Contact Me Regarding Membership

Children to Register:

Name: _____

Age: _____ Grade: _____ Birthdate: _____ Male Female

Any information regarding your child that would help us best meet their needs (i.e. food allergies, learning disabilities, emotional/behavioral issues, etc.):

Name: _____

Age: _____ Grade: _____ Birthdate: _____ Male Female

Any information regarding your child that would help us best meet their needs (i.e. food allergies, learning disabilities, emotional/behavioral issues, etc.):

Name: _____

Age: _____ Grade: _____ Birthdate: _____ Male Female

Any information regarding your child that would help us best meet their needs (i.e. food allergies, learning disabilities, emotional/behavioral issues, etc.):

Please check areas you would be interested in helping with in the Sunday School Program:

- | | |
|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Piano Accompanist |
| <input type="checkbox"/> Co-Teacher (every other Sunday) | <input type="checkbox"/> Christmas Program Committee |
| <input type="checkbox"/> Sunday School Helper | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Akaloo Event Planner |
| <input type="checkbox"/> Sunday School Committee Member | |

Registration Fee Information: \$15.00 per child with a \$45.00 maximum per family

Scholarships are available. Call the church office for more information.

For office use only: paid in full Date _____ Check Amt _____ Cash Amt _____