Our Father's Lutheran Church

2019 - 2020 SUNDAY SCHOOL REGISTRATION FORM
(3yo – 4th grade)
3903 Gilbert Avenue SE, Rockford, MN 55373 (763) 477-6300

Parent/Guardian Name: _____

Address:_____

City, State, Zip:_____

(circle one)
Home/Work/Cell Phone: _____**Text Messages:** [ ] Yes [ ] No
Home/Work/Cell Phone: _____**Text Messages:** [ ] Yes [ ] No
Home/Work/Cell Phone: _____**Text Messages:** [ ] Yes [ ] No

Weekly information is communicated via email. Please list any/all emails you would like to receive information in.

Email address: _____

Email address: _____

STUDENTS 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.):

(over)

Please check any areas you are able to share your time in:

( ) Teacher or Co-Teacher
( ) Substitute Teacher
( ) Program Coordinator
( ) Music
( ) Christmas Program
( ) Set up or clean up

Talents/skills you are willing to share:

_____

_____

_____

Student Photo/Video Permission
Many times during the church year, we have occasion to take photos/videos of the students. These photos/videos may be used for bulletin boards, scrapbooks, flyers, OFLC website, Facebook, Twitter etc.
It is the policy of Our Father's Lutheran Church that individual names will not be associated with any picture.

____Yes I give permission for my student _____ to be included in any and all photo/video images that may be taken for church related activities including but not limited to: slide presentations, scrapbooks, brochures, OFLC website and social networking sites.

____No, I do not want my child included in photos or videos.

If at any time you wish to deny this permission, please notify the church in writing.

Signed_____ Date: _____
(Parent/Guardian)

PLEASE RETURN THIS FORM TO A SUNDAY SCHOOL TEACHER OR THE CHURCH OFFICE.

Donations for our program are always welcome.