

2021 Sunday School
Registration Form



Last Name _____

Parent(s)/Guardian(s) Name(s) _____

Street Address _____

City/Zip _____

Phone Number (name)

_____ (_____)

_____ (_____)

Email (name)

_____ (_____)

_____ (_____)

Child's Name	Date of Birth	Grade

I give permission to have my child(ren), as listed, above photographed for use within St. Luke Lutheran Church and its media.

X _____ Date _____

Please list other information that would be important for your child's physical/emotional health or safety.

Name (if any) of other adults/emergency contacts that may bring your child(ren) or pick them up from Sunday School

Name _____ Phone # _____

Please notify us if you have traveled out of the state or have been exposed to anyone who has tested positive for Covid-19 within 2 weeks.

Please notify us as soon as possible if you notice any of the following symptoms within 2 weeks of attending Sunday School: chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

Signature of adult completing registration

X _____