



# Faith Lutheran Church

2016 -17 Sunday School Registration

**Please Register by September 4<sup>th</sup> so we can arrange classes!**

Return this form on Sunday morning or mail it to Faith Lutheran, 303 18<sup>th</sup> St. SE, Little Falls.

***Thank you!***

For 3 year-olds (as of September 1, 2016) through 8<sup>th</sup> grade

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Grade: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone:(\_\_\_\_)\_\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_

Cell:(\_\_\_\_)\_\_\_\_\_

## Volunteer Connection

In order for our Sunday School program to be successful, lots of help is needed! We ask you to please consider helping in at least one area during the year. In which area (s) can you help?

\_\_\_\_\_ I will teach a Sunday School class.

\_\_\_\_\_ I will be a substitute teacher. I prefer grade (s)\_\_\_\_\_.

\_\_\_\_\_ I will be part of the Christmas Program team.

\_\_\_\_\_ I could help occasionally on Sunday mornings with special activities.

\_\_\_\_\_ I would be interested in being the Sunday School Superintendent.

\_\_\_\_\_ Other gifts I can offer (Please list) \_\_\_\_\_

Please list any known allergies, medical conditions, medications or dietary needs that teachers should be aware of:

Additional Comments: \_\_\_\_\_

I give permission for my child to take part in all program activities.

I grant Faith Lutheran permission to use photographs of my child for ministry promotion and news items in print or online.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

QUESTIONS? CONTACT: Our Church Secretary; Sarah Kalkbrenner at [secretary@faithlutheranlittlefalls.org](mailto:secretary@faithlutheranlittlefalls.org) or call (320) 414-0533 Monday through Friday, 9 a.m. to noon.