



Faith Lutheran Church

2018 -19 Sunday School Registration

Please Register by September 10th so we can arrange classes!

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

Thank you!

For 3 year-olds (as of September 1, 2018) through 8th grade

Student's Name: _____

Date of Birth: _____

School Grade: _____

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 secretaryfaithlutheran@gmail.com or call (320) 414-0533 Monday through Friday, 9 a.m. to noon.

You may list information for additional children on the back.

Student's Name: _____

Date of Birth: _____

School Grade: _____

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

Student's Name: _____

Date of Birth: _____

School Grade: _____

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

Student's Name: _____

Date of Birth: _____

School Grade: _____

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

Student's Name: _____

Date of Birth: _____

School Grade: _____

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