

# Lutheran Church of the Master Sunday School Registration 2018-19

Please fill out this form and return it to the church office (in Linda Lennon's mailbox) or scan & email it to churchoffice@lcotm.org

Name(s) of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. : \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent or guardian's church membership: \_\_\_\_\_

1st Child's Name \_\_\_\_\_

Grade on Sept. 1: \_\_\_\_\_

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

Baptism Date: \_\_\_\_\_

Instructions for dealing with allergies/special needs: \_\_\_\_\_

\_\_\_\_\_

2nd Child's Name \_\_\_\_\_

Grade on Sept. 1: \_\_\_\_\_

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

Baptism Date: \_\_\_\_\_

Instructions for dealing with allergies/special needs: \_\_\_\_\_

\_\_\_\_\_

3rd Child's Name \_\_\_\_\_

Grade on Sept. 1: \_\_\_\_\_

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

Baptism Date: \_\_\_\_\_

Instructions for dealing with allergies/special needs: \_\_\_\_\_

\_\_\_\_\_

May we serve your child(ren) an occasional snack?  Yes  Please check with me first

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use the reverse side to tell us more about how we can keep your child safe and happy.*

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*Would you like to serve in our Christian Education Program in some capacity?*

*Please check off any item(s) below you may be interested in:*

- Nursery  VBS  Christmas Program  
 Events for Kids  Cleaning Sunday School Rooms  Teaching

*Thank you!*