

Christ Lutheran Church Sunday School Registration 2024-2025

Student Information

Name: _____
Last First M.I.

Nickname (optional) _____

Address: _____
Street Address Apt / Unit #
City State Zip Code

Date of Birth: _____ Current Grade: _____

School: _____

List any allergies, medical conditions and/or daily medication(s). If not applicable, indicate "None."

List any hobbies, interests and/or special talents, e.g., sports, art, music, reading, etc.

Is the student a member of Christ Lutheran Church? _____

Has the student been baptized? If yes, please indicate church.

Has the student made his/her First Communion? If yes, please indicate church. If no, please let us know if you want your child to receive instruction this year.

Has the student made his/her Confirmation? If yes, please indicate church. If no, please let us know if your child is in the process of instruction or if he/she will begin instruction this year.

Emergency Contact Information

Name: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Social Media Permission

Throughout the year, Christ Lutheran Church (CLC) often photographs and/or videotapes activities such as Rally Day, Christmas Pageant, Easter Sunday Breakfast and Egg Hunt, etc., do you allow CLC to:

- Photograph and/or videotape your child? _____
- Post your child's photo on the premises, e.g., bulletin boards? _____
- Post your child's photo on CLC's website and Facebook page? _____

All registration information is kept confidential and not shared with any outside parties. Please use the space on the reverse side to provide any additional information you would like to share.

Parent/Guardian Signature & Date: _____

