

# Lakeland Lutheran Church

Come Grow With Us



## Sunday School Registration Form

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Any allergies? \_\_\_\_\_

Special interests and activities \_\_\_\_\_

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Father's name: \_\_\_\_\_

Address and phone: (if different) \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

Emergency contact during Sunday School: \_\_\_\_\_

I will probably be in the church building

If Sunday school is in need of help in the following area give me a call:

Driving

Telephoning

Donate supplies

Sunday school teacher

Sunday school helper

My suggestion: \_\_\_\_\_

Sorry, I am unable to help at this time