



## 2009 – 2010 Sunday School Registration

St. Luke's Lutheran Church

3030 Bellevue Way NE, Bellevue, WA 98004

(425) 822-7907

Colossians 2:7

**Please complete one form per family.**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

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

I, We will attend: (please check)     9:45 am session     11:00 am abbreviated session

Name: \_\_\_\_\_ \*Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

*Any information regarding your child that would help us best meet their needs (i.e. allergies to food or medicine, learning disabilities, emotional/behavioral issues, ect.):*

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ \*Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

*Any information regarding your child that would help us best meet their needs (i.e. allergies to food or medicine, learning disabilities, emotional/behavioral issues, ect.):*

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ \*Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

*Any information regarding your child that would help us best meet their needs (i.e. allergies to food or medicine, learning disabilities, emotional/behavioral issues, ect.):*

\_\_\_\_\_  
\_\_\_\_\_

*Please complete both sides. Thank you!*

\* Children must be 3 years old by August 31<sup>st</sup>, 2009 and potty trained to enroll in Sunday School for the 2009-2010 school year.

Volunteer opportunities for adults are available in Children's ministry at St. Luke's. Please check areas you would be interested in helping with:

- |  |  |
|--|--|
| <input type="checkbox"/> Teacher                           | <input type="checkbox"/> First Communion Teacher           |
| <input type="checkbox"/> Co-Teacher (every other Sunday)   | <input type="checkbox"/> Help plan Vacation Bible School   |
| <input type="checkbox"/> Sunday School Helper              | <input type="checkbox"/> Assist with Vacation Bible School |
| <input type="checkbox"/> Substitute Teacher                | <input type="checkbox"/> Help with special events          |
| <input type="checkbox"/> Faith Formation Board Member      | <input type="checkbox"/> Provide bake goods as necessary   |
| <input type="checkbox"/> Assist with the Christmas Program | <input type="checkbox"/> _____                             |
| <input type="checkbox"/> Assist with the Easter Egg Hunt   |  |

**Medical Release**

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a St. Luke's Lutheran Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with St. Luke's Lutheran Church's Children's programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from September, 2009 until June 2010.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Pick-up Information**

For the safety of children in our Sunday School program we ask that a parent or family member pick-up children in third grade or younger from his/her classroom. Please list names to whom my child/children can be released to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

My child may leave the classroom at the conclusion of Sunday School **without** adult supervision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Photo Release**

I give my permission to St. Luke's Lutheran Church to use photographs of my child/children taken at church or church related events, to be used and or reproduced for publications, web site, or other church related items used for communication and or publicity purposes of St. Luke's Lutheran Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date