

**IMMANUEL LUTHERAN CHURCH**  
**SUNDAY SCHOOL REGISTRATION 2019 – 2020**

Child's Full Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

Grade level and School attending: \_\_\_\_\_

Any known food allergies? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Any concerns about your child that the teacher(s) need to be aware of? \_\_\_\_\_

\_\_\_\_\_

**PHOTOGRAPH RELEASE**

I grant consent to Immanuel Lutheran Church to identify a picture of my child, by name, in any church sponsored material, publication, videotape, news release or website. This consent is valid for the entire school year. I may revoke this consent at any time by notifying the Sunday School Superintendent or Pastor.

\_\_\_\_\_  
Signed Parent/Guardian's Name

\_\_\_\_\_  
Printed Parent/Guardian's Name

\_\_\_\_\_  
Date

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