

FAITH LUTHERAN SUNDAY SCHOOL ANNUAL ENROLLMENT FORM

SEPT. 2020- JUNE 2021

ONE FORM PER CHILD

CHILD'S NAME: _____

HOME ADDRESS: _____

(Street Address)

(Town, State, Zip Code)

CHILD'S BIRTHDATE: ____/____/____ CURRENT AGE: _____

BAPTIZED? YES ___ NO ___ DATE _____ CONFIRMED? YES ___ NO ___ DATE _____

PARENT'S/GUARDIAN NAME: _____

PHONE: _____ CELL: _____

EMAIL: _____

EMERGENCY CONTACT NAMES AND PHONE OTHER THAN PARENT/GUARDIAN:

(1) _____

(2) _____

Is there a non-custodial parent? Yes ___ No ___ Are we permitted to release that child to that parent? Yes ___ No ___

Please indicate that parent's name: _____

***I understand that photos may be taken of my child during Sunday School and that photos along with identifying information such as name and location may be shared on social media. _____ Initial

FAITH SUNDAY SCHOOL HEALTH FORM

ANY known allergies to Food, Medications or any health concerns? (Example: asthma, bee sting, peanuts, etc)

YES _____ NO _____

If Yes, please list _____

Is your child taking any medications or have other issues that might affect his/her learning or behavior during Sunday School? YES _____ NO _____

If yes, please explain: _____

PARENT'S/GUARDIAN SIGNATURE _____ DATE _____

Please return this form via email to our church office at faithlavallette@hotmail.com