

**Our Savior's Lutheran Church  
Sunday School Information  
2016-2017**

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age & Grade in school \_\_\_\_\_

Baptism Date \_\_\_\_\_ Are you a member of Our Savior's \_\_\_\_\_

Please list any health concerns or needs your child has (i.e. allergies or restrictions to activities)

\_\_\_\_\_

Please share any information about your child's learning style and/or personality that would help our staff in working with him/her. \_\_\_\_\_

**Please indicate if you are willing to help with Sunday School occasionally by:**

\_\_\_\_\_ Teaching \_\_\_\_\_ Subbing \_\_\_\_\_ Assist with class projects at teacher's direction

**Parents'/Guardians' Name** \_\_\_\_\_

**Your E-Mail Address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

Please share any questions, comments, or suggestions you have about Sunday School.

\_\_\_\_\_

**Attention parents/guardians: By signing this form you give us permission to photograph the child named on this form. The pictures we take may be used in worship, in the news letter or on the OSLC website. If you decline any of the areas please indicate that on this form.**

Not on Website       Not in Newsletter       Not in Worship

**Please return this form to the church office as soon as possible.**

**Parents'/Guardians' Signature** \_\_\_\_\_