

Our Savior's Lutheran Church

Sunday School Information

Please fill in the Sunday School year (ex. 2018-2019) _____

Today's Date _____

Student's Name _____ Cell 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 _____ Assisting 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 to Sunday School Superintendent as soon as possible

Parents'/Guardians' Signature _____