Augustus Lutheran Church Sunday School Registration Form

Classes are held September- May

(please complete one form per family—return to Sonya Sowards)

Last Name:	Best phone number for family:				
Address:					
Best email for family:					
We are:					
☐ Augustus members ☐ Inter	rested in join	ing August	us 🗆 Just vis	siting	
We would like to help by:					
□ bringing peanut-free snacks	s □ helping t	to teach Su	ınday school	□ servi	ng on the Christian Ed. Cmte.
Adults in household:		_			
Name	Relationship to children	Cell phone		Email	
<u>Children</u> :					
		Birth Baptized?			
Name	Gender	Date	(date ii kilowii)	Grade	Medical concerns/allergies
I (we) do for myself (ourselves) and o Augustus Lutheran Church, the Southe claims and demands for personal inju which may be incurred by me or my c our child under 18 years of age) herel participation as above set forth. I (v permission for him/her to participate database for the church, synod and EL of the synod and can be used for ELCA	eastern Pennsylva iry, sickness and hild resulting fro by assume all ris we) am (are) the e fully in Sunday CA related entiti	ania Synod, El death, as we m said child's k of said pers parent(s) or school. I (w es, and that p	CA, the employed as property date participation in some onal injury, sicknown legal guardian(se) also release thotos/videos pro	es, and age mage and Sunday sch ess, death) of this p he particip	ents thereof, from any and all liability, expenses, of any nature whatsoever ool. Further, I (we) (and on behalf of damage and expenses as a result of articipant, and herby grant my (our) ant's name as parlor an information
			Signature of p	arent/lega	guardian