

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 Interested in joining Augustus Just visiting

We would like to help by:

- bringing peanut-free snacks helping to teach Sunday school serving on the Christian Ed. Cmte.

Adults in household:

Name	Relationship to children	Cell phone	Email

Children:

Name	Gender	Birth Date	Baptized? (date if known)	Grade	Medical concerns/allergies

I (we) do for myself (ourselves) and on behalf of my child do hereby release, forever discharge, and agree to forever hold harmless Augustus Lutheran Church, the Southeastern Pennsylvania Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me or my child resulting from said child's participation in Sunday school. Further, I (we) (and on behalf of our child under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in Sunday school. I (we) also release the participant's name as parlor an information database for the church, synod and ELCA related entities, and that photos/videos produced by the church or synod become property of the synod and can be used for ELCA related purposes and publicity.

Signature of parent/legal guardian

Print name: _____