



First Lutheran Church

BOTHELL

2018-2019 Sunday School Registration

Parent/Guardian 1:	Phone:	Cell Phone:
Parent/Guardian 2:	Phone:	Cell Phone:
Address:	City:	Zip
Home Phone:	Email address	

Parents Church Membership: _____ Date: _____

Student 1	M/F	Birthdate	Grade
Any Special needs we should be aware of? *		Cell Phone	Email Address
First Lutheran Church Membership Date		Baptism Date	First Communion Date
Student 2	M/F	Birthdate	Grade
Any Special needs we should be aware of? *		Cell Phone	Email Address
First Lutheran Church Membership Date		Baptism Date	First Communion Date
Student 3	M/F	Birthdate	Grade
Any Special needs we should be aware of? *		Cell Phone	Email Address
First Lutheran Church Membership Date		Baptism Date	First Communion Date

*Such as food allergies, physical/mental challenges, learning disabilities, custody arrangements, etc.
Please list additional children on back with all information.

_____(Parent/Guardian Initials) I give my permission to First Lutheran Church to use photographs of my child in its public displays or media releases. I understand these photographs will not be sold or used for commercial purposes.

If I cannot be reached, I give permission for First Lutheran Church staff to call for medical assistance and/or transport my child to a local medical facility and seek treatment between the dates of September 1, 2018 and May 31, 2019.

Parent Guardian Signature _____ Date: _____