

Anacortes Lutheran Church

SUNDAY SCHOOL REGISTRATION

2024-2025



Child's Name _____	Birth Date _____	Age _____	Grade _____
Child's Name _____	Birth Date _____	Age _____	Grade _____
Child's Name _____	Birth Date _____	Age _____	Grade _____
Child's Name _____	Birth Date _____	Age _____	Grade _____

Parent or Legal Guardian's Name _____

Email Address _____

Home Phone _____ Cell Phone _____

Address _____

Parent or Legal Guardian's Name _____

Email Address _____

Home Phone _____ Cell Phone _____

Address _____

Emergency Contact _____

Home Phone _____ Cell Phone _____

SUNDAY SCHOOL REGISTRATION QUESTIONAIRE

- Allergies and/or Special Needs: _____

- I prefer to receive communication by (circle one) e-mail text telephone
- I do not wish to have photos/videos of my child shared in Church publications, on the church website or social media accounts.

Parent(s) / Guardian(s) Signature

Date