

**Our Saviour's Lutheran Church  
Sunday School Registration Form  
New Students**

Student's Name: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Baptism: \_\_\_\_\_ Date \_\_\_\_\_ First Communion: \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Grader or Higher: Interest in First Communion Instruction? Yes \_\_\_ No \_\_\_

Name of Parent(s)/Guardians(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Emergency Contact During Sunday School Hour:

\_\_\_\_\_  
(Name, relationship and phone number)

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Learning Needs: \_\_\_\_\_

**I give my child \_\_\_\_\_ permission to participate in all Sunday School activities. I also give my permission for my child to receive emergency medical treatment if I cannot be reached.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date