

Holy Cross Lutheran Church Sunday School 2009/2010 Registration Form

Parents' Names: _____

Address: _____

Town/City: _____ State: ____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Child's Name	Date of birth	Grade entering	Allergies? Special needs or concerns? Please explain

Permission for Sunday School Activities

My child(ren) have permission to participate in all Sunday School activities during the 2009-2010 school year.

Signed: _____ Date: _____
Parent or Legal Guardian

I give permission to Holy Cross to use photos of my child(ren) on the website and/or Sunday School bulletin board.

Signed: _____ Date: _____
Parent or legal Guardian

In addition, I/we am willing to help in the following ways:

- | | |
|---|--|
| <input type="checkbox"/> Be a part of a teaching team | <input type="checkbox"/> Provide snacks |
| <input type="checkbox"/> Substitute teaching | <input type="checkbox"/> Assist with Christmas program |