Emmanuel Lutheran Church

2026-2027 Sunday School Registration
PreK - 5th Grade

Names of children Grade entering into this fall Age Birth date

_____

_____

_____

_____

Do any of your children have special needs, food allergies, etc? ____ No ____Yes
If yes, please list:_____

We communicate with parents through take-home notes, but most effectively through email and the monthly church newsletter. Please update your contact information (if parents have different addresses, please state both):

Parent/Guardian Name: _____
Address: _____
Telephone: _____ Cell Phone: _____
Email: _____

Parent/Guardian Name: _____
Address: _____
Telephone: _____ Cell Phone: _____
Email: _____

Photos and videos of children participating in class events and projects may be taken for use in the church newsletter, the community newspaper, Facebook, Instagram, and/or church website. I give permission for my child/children to have their photos/videos taken and published in either of these resources:

_____
parent signature date

I would like to be involved in our Sunday School Program

Name: _____

I am interested in:

_____ Teaching
_____ Team-Teaching
_____ Substitute Teacher
_____ Monthly Bible Story Sunday helper

Parents: Please complete this form even if your child attended last year.
This information is used to ensure accurate records. Thank you!