Emanuel Lutheran Church – Sunday School Ministry 2017-2018

____I/we would like to have my/our child continue their faith growth at Emanuel this year.

Child's Full Name: *First* *Middle* *Last*	
Child's Address:	**Parent/Guardian email address(es):**
Date of Birth:	Grade in School in September 2017:
Date of Baptism (and name and city of church if other than Emanuel):	
Mother's Name and Address (if different from above):	Phone: Cell:
Father's Name and Address (if different from above):	Phone: Cell:
Names of step parents or guardians and address (if different from above)	Phone: Cell:
***Please note:** children will return from class in time for Holy Communion and remain for the end of worship. If a child needs to leave during class, please indicate who besides parents is authorized to pick up child: Relationship to child:	
List any and all persons NOT AUTHORIZED to pick up child:	
Does your child have your permission to leave class by him/herself? _____YES _____NO	
Any allergies, physical, dietary or other special needs of which you want us to be aware? (attach separate sheet if necessary)	
Please share anything you would like us to know about your child (attach separate sheet if desired):	

I grant permission to Emanuel Lutheran Church to use my child's likeness and/or photographic or videographic image in the production of congregational newsletters, websites, Emanuel social media platforms, posters, bulletin boards, slide shows and other congregational, synodical or churchwide promotional materials and articles about Emanuel that may be published in print or online. My child's name **will not** be published in print, video or web, but may appear in the congregational bulletin.

_____ _____

Parent/Guardian Signature Date