



SUNDAY SCHOOL REGISTRATION 2023 - 2024 Beaver Valley Lutheran Church

Child's Name: _____ Birth Date _____ Age _____ Baptism Date _____ Grade _____
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Parent Contact:

Name: _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Cell Phone # _____ Email _____

Preferred way to contact you: PHONE EMAIL TEXT (please circle)

Name: _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Cell Phone # _____ Email _____

Preferred way to contact you: PHONE EMAIL TEXT (please circle)

Emergency Contact (other than parents) Name of persons who may pick up this child from Sunday School
Name _____ Phone# _____
Relationship _____
Name _____ Phone# _____
Relationship _____

Allergies/Medical conditions or other concerns: _____

Does your child have an epi-pen? YES _____ NO _____

If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help at:

Hospital _____

I give permission to take my child's picture for classroom projects and/or church website ____ Yes ____ No

Would your family be interested in a Sunday School option on Wednesday nights? ____ Yes ____ No

Parent's Signature _____ Date _____