



# SUNDAY SCHOOL REGISTRATION 2024 - 2025

## 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 \_\_\_\_\_