



Messiah Lutheran Church

7740 Highway 72 West, Madison, AL 35758 Phone 256-721-0041
info@mlutheran.org www.mlutheran.org

SUNDAY SCHOOL REGISTRATION 2017-2018

Parents' Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Members of Messiah? Yes _____ No _____

Emergency Contact/Phone Number: _____

Child's Name: _____ **Entering Grade:** _____

Date of Birth: _____ **Age:** _____ **Month of Baptism:** _____

Child's Name: _____ **Entering Grade:** _____

Date of Birth: _____ **Age:** _____ **Month of Baptism:** _____

Special Concerns (allergies, disabilities, etc): _____

Can you serve as a substitute? Yes ___ No ___ Can you help the class in another capacity? Yes ___ No ___

I give permission for my sons and/or daughters to participate fully in the Sunday School program at Messiah Lutheran Church, including Snacks and games. In case of an emergency, I understand that every effort will be made to contact the parents/guardians of the child(ren). In the event I cannot be reached, I hereby give permission for the medical personnel selected by the Sunday School staff to secure proper and necessary treatment for my child(ren) as named on this form.

Parent Signature & Date: _____

Doctor's Name/Clinic/Phone: _____

I understand that during the course of the year pictures may be taken to help us remember the events of the year. I give permission for my child's picture to be used in church publications such as but not limited to the newsletter and website.

Parent Signature & Date: _____