

MOUNT OLIVE LUTHERAN

2016-2017 SUNDAY SCHOOL REGISTRATION FORM

Preschool - 5th Grade

Date: _____

Family Information:

Parent Name:	Home Phone:	Cell Phone:
Address:		Email Address:
Parent Name:	Home Phone:	Cell Phone:
Address:		Email Address:

Student Information (if you have more than three children, please continue on the back of this form):

Child's Name	Grade in September:
Date of Birth:	Name of School attending:
Current Age:	Special Info (food allergies, etc.):

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I would like to help in our Sunday School as a:

_____ Rotation Teacher

_____ Classroom Assistant

_____ Provide Snacks

_____ Nursery Helper

PHOTO RELEASE

Mount Olive Church occasionally has the opportunity to use photos to promote the Sunday School program, children's choir and other church activities. Uses might include a display board, church newsletter, church website, church Facebook page, etc. No names will be used on the websites and Facebook page.

I give Mount Olive Church permission to include my children _____,
 _____, _____, _____,
 in photos used for informational or promotional purposes.

Signature of Parent

