



# St. Luke's Lutheran Church

## Sunday School Registration Form

### Student Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Baptism Date \_\_\_\_\_

School grade as of September \_\_\_\_\_

Any allergies, please list \_\_\_\_\_

\_\_\_\_\_

Special needs, please list \_\_\_\_\_

\_\_\_\_\_

### Student Information

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Date of Birth \_\_\_\_\_

Baptism Date \_\_\_\_\_

School grade as of September \_\_\_\_\_

Any allergies, please list \_\_\_\_\_

\_\_\_\_\_

Special needs, please list \_\_\_\_\_

\_\_\_\_\_

### Children's Choir Options

Interested in singing in the Cherub or Luther Choir. \_\_\_\_ Yes \_\_\_\_ No

Interested in performing in the Bell Choir.  
\_\_\_\_ Yes \_\_\_\_ No

### Family Information

Members of St. Luke's. \_\_\_\_ Yes \_\_\_\_ No

Not members, but interested. \_\_\_\_ Yes \_\_\_\_ No

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Legal Guardian \_\_\_\_\_

(If someone other than parents)

*Please fill out all areas that are applicable. If a parent is not in the home, or is denied visitation rights, please indicate on the line asking for name of parent.*

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

ECP phone # \_\_\_\_\_

### Please check yes or no

My child's image can be used for St. Luke's advertising on social media, print mailing and /or all other forms of advertising. \_\_\_\_ Y \_\_\_\_ N

Any questions, please contact Renee Jackson at [RJackson1219@gmail.com](mailto:RJackson1219@gmail.com) or Church office (516) 249-1220

