



Pilgrim Lutheran Church
Sunday School Registration
2009-2010

Please fill out 1 form per child

Child's Name: _____

Date of Birth: _____ Entering Grade: _____ for 09-10

Please list any allergies or medical problems of which we should be aware of: (please explain any conditions if unusual)

Other siblings (age and grade level)

Parent(s) _____ Phone(s) _____
Address: _____

Email: _____

Emergency Contact/Relationship _____

Phone _____

I give permission for my child to participate in Pilgrim Lutheran's Sunday School Program for the 2009-2010 school year. Should emergency medical treatment be necessary, I give permission for my child to receive such treatment.

Parent Signature: _____ Date: _____

Photo Permission:

I give permission form my child to be photographed during the 2090-2010 school year.

Parent Signature: _____ Date: _____