

Christ Lutheran Church Sunday School Registration Form

Please return/mail completed form to the church office.

1. **Child's Name:** _____

Date of Birth: _____ Age: _____ Grade: _____

Dietary restrictions or applicable Allergies: _____

2. **Child's Name:** _____

Date of Birth: _____ Age: _____ Grade: _____

Dietary restrictions or applicable Allergies: _____

3. **Child's Name:** _____

Date of Birth: _____ Age: _____ Grade: _____

Dietary restrictions or applicable Allergies: _____

***Parent/Guardian's Name:** _____

Address: _____

Home Phone: _____ **E-Mail:** _____

Is this address or phone number *different* than last year?: YES _____ NO _____

Names & date of birth of other Siblings under 14, *not registered*: _____

Current Member of CLC: YES _____ NO _____

Fee: \$25/child or \$50/family; write checks to *Christ Lutheran Church*.



For Ministry Team Use: Date Received: _____ Payment amount: _____ Ck Cash