



## 2010-2011 Sunday School Registration Form King of Glory Lutheran Church

Full Name			
Birth Date		Baptismal Date	
Street Address			
City, State, Zip			
Home Phone		Cell Phone	
Parent(s), Guardian(s)			
Grade in Fall 2010			
Family email		Child's email	

**During Sunday School I can be reached at:**

Phone	Location
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Person to contact in case of an emergency		Phone	
		Cell Phone	
		Relationship	
Person to contact in case of an emergency		Phone	
		Cell Phone	
		Relationship	

**If you are not in the building in the event of an emergency, 911 will be called.  
Please provide the following information**

Clinic/Doctor		Phone	
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Allergies	
Medications	
Special Learning Needs	
Other	

I certify that the above information is correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_