

2016-2017 TLO Sunday School Registration

Return this form to the Church Office; One form per child

Parent/ Guardian Name: _____

Address: _____

City State Zip: _____

Phone: _____ **E-mail address:** _____

Cell Phone: _____ **(Important SS information will be sent via e-mail)**

Location during Sunday School: _____

We encourage parents to be on the TLO campus during Sunday School.

Please register my child for Sunday School at TLO

Name: _____ **Birthday:** _____ **Baptism:** _____ **Grade:** _____

Special Needs: Please list any special needs, learning or physical challenges, and other information that your child's leader should know to best serve your child and your family (use back side for further information). _____

Medical Information: Please list any medical conditions that your child's teacher should be aware of.

Food: Occasionally food/candy may be offered during children's Bible classes. It is OK for my child to participate and receive food/candy. YES NO List any food allergies (please tell your child's teacher).

Allergies: Please list any allergies your child has.

Adults who are able to pick up your children (including non-custodial parents):

Emergency Contact (Name):	Phone number:	Relationship:
_____	_____	_____

- I give permission for Trinity Lone Oak Lutheran Church to photograph my child. I understand these images may be used for promotional purposes.
- I do not give permission for Trinity Lone Oak Lutheran Church to photograph my child.

Signature of Parent/Guardian: _____

PARENTS: It takes support from you for our Children's and Family Ministries to grow.

Please call me about serving in TLO Children's Ministries: yes!