

Sunday School Registration Form 2020-2021



Please complete the registration form below for Sunday School at St. Paul Lutheran. We only need one form per family, so please be sure to include all of your children. Forms may be returned to the office. Thank you!

Parent's name _____

Emergency Contact or Cell Phone _____

Address _____

E-mail Address _____

Child's Name _____ Grade _____

Allergy Concerns _____

Child's Name _____ Grade _____

Allergy Concerns _____

Child's Name _____ Grade _____

Allergy Concerns _____

New policies and procedures will be in place in an effort to keep children and Sunday School teachers healthy and safe. Please answer the following questions to help us better prepare.

Would you like teachers to wear masks? _____YES _____NO _____No Preference

Would you like children to wear masks? _____YES _____NO _____No Preference

Hand Sanitizer should be available in the classrooms. _____YES _____NO _____No Preference

Teachers should do extra sanitizing before, during & after class. _____YES _____NO _____No Preference

I am interested in at home/virtual materials for Sunday School, rather than in-person Sunday School _____YES _____NO

Please note any concerns or special needs you would like to share. _____

I consent that photos and/or videos taken during Sunday School shall be the property of St. Paul Lutheran Church & School, which has the right to duplicate, reproduce and make other uses as St. Paul Lutheran Church & School deems necessary.

☐ It is okay to use my child's photograph, etc. as described above.

☐ I **DO NOT** give my consent to have photographs of my son/daughter used by St. Paul Lutheran Church & School in any way, as specified above.

Signature & Date _____

I give permission for my son(s)/daughter(s) to participate fully in the Sunday School program at St. Paul Lutheran Church & School, including snacks and games. In case of an emergency, I understand that every effort will be made to contact the parents/guardians of the child(ren). In the event that I cannot be reached, I hereby give permission for Sunday School staff to secure proper and necessary treatment for my child(ren).

Signature & Date _____