

# Peace Lutheran Church Sunday School Registration Form 2018-2019 Sunday School Year

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Last school grade completed: \_\_\_\_ Grade in Fall: \_\_\_\_

Name of Custodial parent(s)/guardian(s):  
\_\_\_\_\_

Child's Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/caregiver's home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cell phone: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Name of person(s) attending Peace with if not parents/guardians: \_\_\_\_\_

Home Telephone number for Peace guardian: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail address for Peace guardian: (\_\_\_\_\_) \_\_\_\_\_

Name of Other person to pick up child (e.g, grandparent, aunt, uncle, friend) & phone number:  
\_\_\_\_\_ ( )

**In Case of Emergency, Contact:** \_\_\_\_\_

**Contact Number:** (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Any arrangements/family dynamics we should be aware of for the protection of this child?  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child's photo to be used for church use (on website, PR, etc.). Circle one:

Yes

No

I give permission for my child to attend Peace's Sunday School (sign):  
\_\_\_\_\_

\_\_\_\_\_ Check here if you would like more information, have questions or concerns.

Please return form to Peace Lutheran Church 8260 Jackson Rd., Ann Arbor, MI 48103.  
Call Peace with any questions at 734-424-0899 or email [larrycourson@peaceaa.net](mailto:larrycourson@peaceaa.net)