



LUTHER MEMORIAL CHURCH
SUNDAY SCHOOL REGISTRATION INFORMATION
2009 -2010

Child's Last Name _____ First Name _____

Date of Birth ____/____/____ Grade in school for 2009-10 _____

Baptism date: _____

Street _____ City _____ Zip _____

Phone _____

Parent/ Guardian name(s) _____

E-mail Address: _____

I would like to receive a statement of my child's Sunday School contributions for tax purposes at the end of the calendar year. _____yes _____no

*** I GRANT PERMISSION for Luther Memorial Church to use my child's photograph in promotional materials including posting on the website. (NO NAMES WILL BE USED)**

Parent's signature