



Lutheran Memorial Church School Registration Form

Please return the registration form to the church office or email to Tami Steffensen at tsteffensen@lutheranmemorial.org. This form can also be found and submitted online! Find it on our website at lutheranmemorial.org under the CONNECT tab.

Child's Name _____ Date of Birth _____

Age _____ Grade ('19-'20 school year) _____ Member of LMC Yes ____ No ____

If not a member, are you interested in joining? Yes! _____ No _____

Allergies or special needs we need to be aware of: _____

Please check one: _____ Wednesday School _____ Sunday School

*2nd-5th grade: 5:30-6:10pm
*4-year olds (by 8.1.19)-1st grade: 6:15-7:00pm

*3-year olds (by 8.1.19)-5th grade: 9:15-10:15am
(children dismissed from 9am service after Children's Sermon)

Class you are registering for:

- 3 year old class (**Sundays Only!**)
- 4 year old class (4 by 8.1.19)
- Early/Junior Kindergarten
- Kindergarten
- 1st Grade

- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade

Parents/Guardians _____ Home Phone # _____

Address _____

Mom's Work # _____ Mom's Cell # _____

Dad's Work # _____ Dad's Cell # _____

Email address to use for LMC church school related communications _____

Additional contact person and phone # in case of emergency _____

How will you help?

_____ Teacher _____ Teacher's Helper/Co-Teacher _____ Substitute Teacher

_____ Music Leader _____ Christmas Program _____ Halloween Party

_____ I can share my talents occasionally over my lunch hour or on breaks to help set up classrooms, get crafts ready, or clean classrooms. Call me to set up a schedule!

I give permission for the above-named child to participate in any activity planned for the Wednesday/Sunday School Program. I give permission for my child to be taken to the doctor or hospital and authorize medical treatment if needed.

Parent/Guardian Signature _____ Date _____

I willingly agree to allow Lutheran Memorial Church to publish photographs and/or videos of my child for advertising purposes in all forms of media.

Parent/Guardian Signature _____ Date _____