2016 - 2017

Good Shepherd Lutheran Church Sunday School Youth Registration Form

Age 3 - High School

Child's Name	Grade for 2016-2017	Age as of 9/1*	Birthdate	Please list food allergies, requests or concerns
Chauld ha 2 hu 0/1/16	Eventions can be	made only if 2 h	12/21 and wit	h permission of the teacher.
-	•	-		S:
Parent's Name: Address:			one Numbers	
		F	:1-	
·	<i>.</i>			
Emergency Contact Nam				
Best method of contact of			r	
VOLUNTEER INF	<u>ORMATIO</u>	<u>N</u>		
Name:	Phone Number:			· ·
I am willing to help with Teaching Teaching Assistan Substitute Teaching	t <u> </u>		g with Specia ng Items at H	
Photo Release: Good Shepl publicity. These photos will be name.				
() I authorize the church to	o use photos that	my child/ren	appear in.	
() I do not authorize the ch	nurch to use phot	tos that my ch	ild/ren appear	in.
 Parent's or Guardia	n's Signature			 Date

For more information contact: Deb Kopit at four_ks@comcast.net. You may return your completed form to the envelope on the education bulletin board in the gathering area , email it to Deb Kopit at four_ks@comcast net or mail it to: Good Shepherd Lutheran Church, 1415 W. 7th Street, Frederick, MD 21702, Attention: SUNDAY SCHOOL.