

REDEEMER LUTHERAN SUNDAY SCHOOL REGISTRATION FORM

STUDENT INFORMATION – ONE REGISTRATION SHEET PER CHILD! PLEASE PRINT

CHILD'S NAME: _____ GENDER: ____M ____F

PREFERRED NICKNAME _____ GRADE ENTERING _____ BIRTHDAY: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN (1) _____

ADDRESS _____

RELATIONSHIP TO STUDENT _____

CONTACT TELEPHONE INFORMATION (HOME) _____ (ALT) _____

PRIMARY EMAIL ADDRESS _____

PARENT/GUARDIAN (2) _____

ADDRESS _____

(Leave blank if same address as 1st parent/guardian information)

RELATIONSHIP TO STUDENT _____

CONTACT TELEPHONE INFORMATION (HOME) _____ (ALT) _____

PRIMARY EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

FULL NAME OF ALTERNATIVE PERSON IF PARENT/GUARDIAN IS NOT AVAILABLE DURING SUNDAY SCHOOL

_____ RELATIONSHIP TO STUDENT _____

PRIMARY CONTACT PHONE: _____ ALT. PHONE: _____

FOOD ALLERGIES, MEDICAL PROBLEMS, OR SPECIAL NEEDS

FOOD ALLERGIES _____

OTHER ALLERGIES _____

MEDICAL CONCERNS _____

_____ PREFERRED HOSPITAL _____ FAMILY DOCTOR _____