

First Lutheran Church Sunday School Registration

3200 E. Military Ave., Fremont, NE 68025 721-2959

Date _____ Grade for Fall placement _____

Child must be 3 years old by October 15th of the current Sunday School year

Student's Full Name _____ Gender: M F

Student's preferred name if different than above _____

Birth date _____ Baptismal Date _____

Allergies _____

Parent (S) Names _____

Street Address _____

City State and Zip _____

Home Phone _____

Work Phone _____ (circle one) Mom Dad Other (specify) _____

Cell # _____ (circle one) Mom Dad Other (specify) _____

E-mail _____ ~

You will be included in the e-lert mailings unless you specify otherwise.

Member _____ Non-Member _____

If you are bringing a child other than your own and would like information mailed to an alternate address please indicate this below.

Name _____ Relationship to child _____

Street Address _____

City, State and Zip _____

Work Phone _____ Cell # _____

E-mail _____

You will be included in the e-lert mailings unless you specify otherwise.

I WILL SUBSTITUTE IN MY CHILD'S CLASSROOM YES _____ NO _____

I WILL ASSIST IN MY CHILD'S CLASSROOM YES _____ NO _____