

# OSLC SUNDAY SCHOOL GROUP REGISTRATION FORM FALL 2022

Student's name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Father's Name/ Address/Email/phone

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Mother's Name/ Address/Email/phone (if different)

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Emergency Contact Name/Phone Number

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Special learning needs, allergies or medical problems \_\_\_\_\_

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The best way to contact a parent is (circle one)

Phone

Text Message

Email

**Student phone and/or email if you want to share**

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**The best way to contact student is (circle one)**

Phone

Text Message

Email

Parent

**I give permission to Our Saviour's Lutheran Church to publish pictures of the above named child in the Newsletter, Bulletin, on the Church Facebook Pages or Website. Circle one and initial.**

Yes to all \_\_\_\_\_ Only \_\_\_\_\_

None \_\_\_\_\_