

ST. LUKE'S LUTHERAN CHURCH
Sunday School Registration Form
2022 – 2023

Parent name & e-mail address: _____

Parent name & e-mail address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Are you a member of St. Luke's? _____ Other Church Membership (if not St. Luke's) _____

Emergency Contact Information (please note, a parent will always be contacted first)

Name: _____ Relation to Child/Children: _____

Address: _____ Phone: _____

Child No. 1:

First Name _____ Middle _____ Last Name _____

Age as of Sept. 1st _____ School & Grade _____

Birthday _____ Is child baptized? _____ Baptism Date (if known) _____

Has child received First Communion instruction? _____ First Communion Date _____

Child No. 2:

First Name _____ Middle _____ Last Name _____

Age as of Sept. 1st _____ School & Grade _____

Birthday _____ Is child baptized? _____ Baptism Date (if known) _____

Has child received First Communion instruction? _____ First Communion Date _____

Child No. 3:

First Name _____ Middle _____ Last Name _____

Age as of Sept. 1st _____ School & Grade _____

Birthday _____ Is child baptized? _____ Baptism Date (if known) _____

Has child received First Communion instruction? _____ First Communion Date _____

Child Pickup request:

Your child(ren)'s safety is our main concern. We do not allow children to leave or roam the building unattended after class. Please make sure the teacher is made aware of your preference, should it change from below.

After Sunday School class:

- I or a designated caregiver will pick up my child in the room. (St. Luke's preferred)
- An older sibling will come and pick up my child
- For older children: please release my child to the atrium to sit and wait in the 'living room' area.

Image Release Waiver

Throughout the year, many St. Luke's events are photographed and/or recorded. St. Luke's may want to use them on our website or for other purposes within St. Luke's or in the community, i.e. stewardship, publicity, etc. We will not list particular names with the pictures, unless we receive your permission. If you **DO NOT** want your child(ren) to be photographed or videotaped, please read and sign the waiver below.

I hereby submit my request that my child(ren) _____ who attend St. Luke's Lutheran Church **NOT** be included in any photographs or recordings which might be used in St. Luke's publicity, local newspapers, broadcast, posted on the church website or shown outside of the church building. I am aware that other parents or adults may take pictures on their own devices. St. Luke's cannot be held responsible for the devices of others.

Signature (parent or legal guardian)

Date

Contact Information

Kelly Golbeck
224-500-0830 (Kelly)
golbeckk@gmail.com

Kim Hendee
(847) 612-0627 (Kim)
khendee@stlukespr.org

Website: stlukespr.org