Sunday School Registration

2026-2027

Please return/mail completed form to the church office.

***Parent/Guardian's Name**: _____

Address: _____

Cell Phone: _____ (We request the following information so that we can send out texts alerts to important upcoming events, to cancellations, or weather delays.)

E-Mail: _____

1. **Child's Name**: _____

Date of Birth: _____ Age: _____ Grade: _____

Dietary restrictions, applicable Allergies: _____

2. **Child's Name**: _____

Date of Birth: _____ Age: _____ Grade: _____

Dietary restrictions, applicable Allergies: _____

3. **Child's Name**: _____

Date of Birth: _____ Age: _____ Grade: _____

Dietary restrictions, applicable Allergies: _____

4. **Child's Name**: _____

Date of Birth: _____ Age: _____ Grade: _____

Dietary restrictions, applicable Allergies: _____

Is this address or phone number *different* than last year?: YES _____ NO _____

Names & date of birth of other Siblings under 14, *not registered*: _____

_____

Current Member of CLC: YES _____ NO_____

Fee: $30/child or $60/family; write checks to *Christ Lutheran Church*.

<u>For Ministry Team Use</u>: Date Received: _____ Payment amount: _____ *Ck* *Cash*